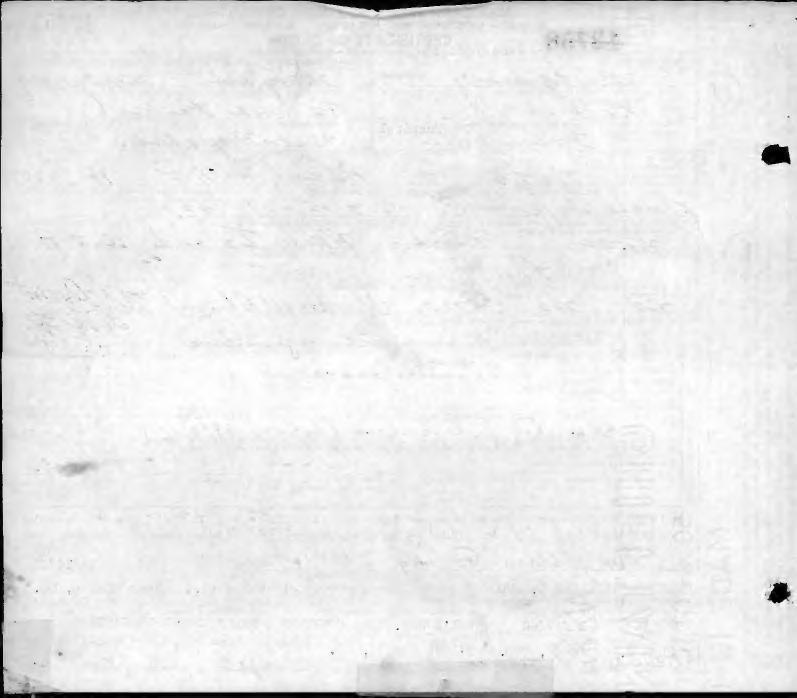
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| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 | may be the haspital ar otherding physician. TO FUNEWAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with page 3 should be filled with the State Board of Health prior to burial, cremotion, or removal, and in any event, withinforthairs often death. | |
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| | COUNTY | | MARYLAND | 2. USUAL RESIDENCE | | If institution: Residence | e before admission) |
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| _ | Monte | formen | MARIEMAN | 11121 | 4/ Tina | 700 | nigomer |
| b | RURAL and give agarest lower | ./ _ | CHOSTH OF STAY IN 16 | W | outside corporate limi | its, write RURAL and g | ive negrest town) |
| _ | 75e fale: | | | 1 -1/0 | 1112-1 | ank | 1 |
| C | I. NAME OF HOSPITAL (If not in he OR INSTITUTION | 1 | Hospital | d. STREET ADDRESS | -men | 1. A. | o. IS RESIDENCE ON A FARM? |
| _ | | DUPL | ou | 1/27 | -111071 | e Hare 1 | YES NO |
| - 0 | NAME OF DECEASED Type or print) | First / a thing | Middle | Ad Zon 3 | 4. DATE OF DEATH | Month | Day Year |
| . \$ | EX 6. COLOR O | R RACE 7. MARRII | ED A NER MARRIED | B. DATE OF BIRTH | 9. AGE | (In years IF UNDER | TYEAR IF UNDER 24 HRS |
| _ | Emale whi | P WIDOWEL | | 9/15/ | mm lost | | Doys Hours Min. |
| Da. | | of work done 10b K | IND OF BUSINESS OR INDI | STRY 11. BIRTHPLACE (SI | ate or foreign country) | 12. CITI2 | ZEN OF WHAT COUNTRY |
| | during mest of working life, even i | retired) | 222 X | Thato | 7-5/2 | End 1. | 1. J. A. |
| 3. 1 | FATHER'S NAME | - | 1 1 1 | 14. MOTHER'S MAIDEN | N NAME | | |
| | XX SAMUÉT | Fin A | Azu. | INKNOW | N | | |
| S. 1 | WAS DECEASED EVER IN U. S. ARA | AED FORCES? 16. S | COLAL SECURITY NO. 17. | NFORMANT | ., | Address / / | 0 17 -1. |
| You | | dalas of service) | 100/ | Vinten 1 | 11 9/12 | - 1 The | 8 -Chicama |
| 7 | 1B. CAUSE OF DEATH [Enter onl | y and source par line | for (a) (b) and (a) 1 | WITTINI CA | 11 11 or or the | La Laca | TUNTO PURE POTOTE PA |
| | PART I. DEATH WAS CAUS | | 101 (0), (b), and (c). | 1000 | 7 | 0 | ONSET AND DATH |
| | IMMEDIATE C | | ullacin | becomp | markey | 47 | 12500 |
| | 750-0 | DUE TO | | (| | | 9 |
| | Conditions, if ony, which | (b) CE- | iles Fel | erogeo | | | 4 |
| | gave rise to immediate couse (a), stating the under- | DUE TO | | 4 | | | |
| -1 | lying couse last. | (c) | | | | | |
| 2 | PART II. OTHER SIGNIFICA | NT CONDITIONS CO | ONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TER | RMINAL DISEASE CONE | OITION GIVEN IN PART | I(a) 19. WAS AUTOPSY |
| 5 | (D) Den | aled to | - Carerno | na I lola | m 11/1 | 11/63 | PERFORMED? |
| KIII | 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH | RIBE HOW INJURY OCCURR | ED. (Enter noture of injury | in Port I or Port II of it | em 18.) | |
| 3 | (IF EITHER, NOTIFY MEDICAL EXAL | MINER) | - 3 | | - | | 13.0 |
| 2 | 20c. TIME OF INJURY Month, D | | | LACE OF INJURY (Home, fo | arm, 20f. (City or tow | n) (C | ounty) (Store |
| NEC | Hour o.m. | 19 While of work | Not while | octory, street, office bldg., | 4% I | | |
| | | | | 1 | 1056 10 14 | 1 nov 10 6 | Chat (I) (we) los |
| | 21. I certify that (I) (this he sow the deceased alive at | 411 | / | death occurred of | : 410 Pan | | date stoted above |
| | 220. SIGNATURE | A . | C P f | deall occorred or_: | | poses and an me | 22b DATE |
| | well | lain 1 | Stell | M.D. PHYS | MED. STAI | | 11/14/60 |
| | 22c. PHYSICIAN'S | - | - | 22d. ADDRESS | | | |
| | NAME (Type) WILLIAM | D. AUD | | 9006 Col | esville Rd. | ., Silver S | Spring, Md. |
| За. | BURIAL, CREMATION, 236 DATE | THEREOP | 23c. NAME OF CEMETERY | OR CREMATORY | 23d. LOCATION (C | City, town, or county) | (Stote) |
| | BURIAL (Specify) 11/1 | 7/60 | PNAT'L MEM. P | ARK CEMETERY | FALLS CH | HURCH VIRGI | NIA . |
| 4, 1 | FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | 250. RI | EC'D BY REGISTRAR | 25b, REGISTRAR'S SIG | SNATURE |
| M. | KORNEL PUNPHRE | I SING P | SILVER SPRIN | G, MD. | 12 2 2 160 | 011-0 | H. Santia |

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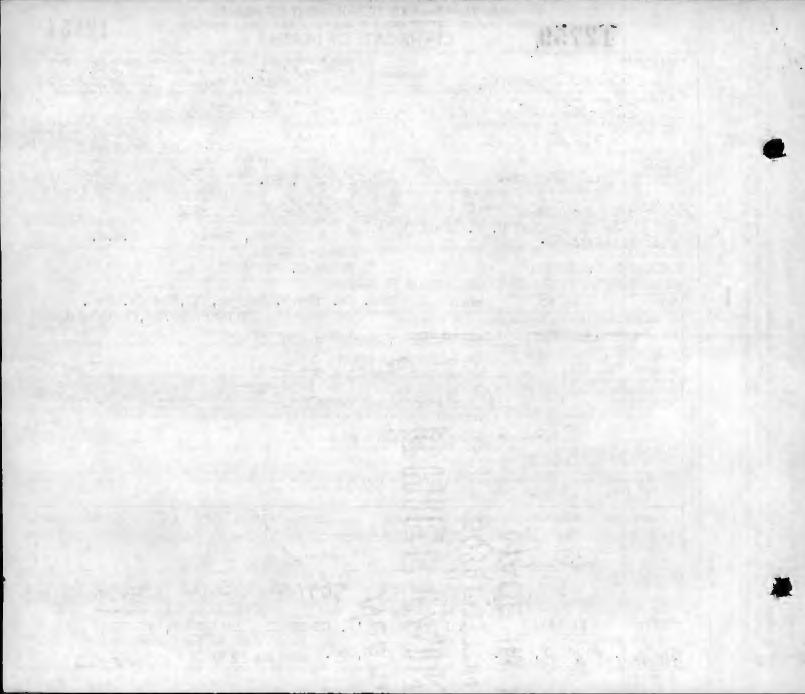


MARYLAND STATE DEPARTMENT OF HEALTH 12759 CERTIFICATE OF DEATH

12654

| | 1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE S. COUNTY | 1.0 |
|---|---|--|-------|
| | b. CITY OR TOWN (If autside conforce limits, write C. LENGTH OF STAY IN 16 RURAL and give negrest town | c. CITY OR TOWN (If cyride corporate limits, write RURAL and give negrest town) | 7 |
| 4 | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Tuburb Tue | d. STREET ADDRESS 12906 - Georgia Hue. e. IS RESIDENCE ON A FARM YES NO | 43 |
| | 3. NAME OF DECEASED (Type or print) C/Zy fen. J., 75. | acher SR DEATH Month Day Year DEATH Month 15 19 0 | 10 |
| | make white WIDOWED DIVORCED | B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hours Months Days Hours Mi | _ |
| | 100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUS during most of working life, eyen if retired) | TRY 1. BIRTHPLACE (State or foreign country) Burlington, Iowa U.S.A. | ry? |
| | 13. FATHER'S NAME FREDERICK A. BACHER | HILDA B. FROHARDT | |
|) | I Yes no or unknown) . Iff was nive were or date of services | Dorothy M. Bacher, 12,906 Ga. Ave. | |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) | Silver Spring, Marintentuction von Ser and Dear | ZI |
| | Condition if ony, which gave rise to immediate cause (a), stating the under- lying cause last. | releffusion. Three | ب |
| 0 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED! YES NO | 5 |
| | | D. (Enter nature of injury in Part I or Part I) of item 18.) | _ |
| | | CE OF INJURY (Home, farm, 20f. (City or town) (County) (Strory, street, office bidg., etc.) | tote) |
| | 21. I certify that (1) (this hospital) attended the deceased fram saw the deceased alive an | eath occurred at 11.79 M, fram the causes and on the date stated oba | ve. |
| | ZZC. PHYSICIAN'S NAME (Type) | A.D. ATTENDING MED. STAFF 22d. ADDRESS Cleanly Colony Staff ADDRESS ADDRESS SIGN ADDRESS ADDRESS ADDRESS | MED |
| | 23d. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OF BURIAL Specify) 11/18/60 ARLINGTON NA | | |
| | 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SILVER SPRIN | 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE | |

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12679

CERTIFICATE OF DEATH

Reg. Dist. No. 12655

| 100 | | | | | | | | | | - | |
|---------|--|--|--|-------------------------|---------------------------------------|----------------|-------------------------------|----------------------------------|--------------|---------------------|---|
| | COUNTY MONT | GOMERY | м | ARYLAND | 2. USUAL RESID | PYLANI | • deceased lived. | If institution | | before od | |
| b. | CITY OR TOWN (IF RURAL and give ne SILVER | outside corporate limits, v prest town) SPRING | c. LENGTH OF S | | 40 x 2 | ILVER S | side corporate lin | nils, write RU | RAL and give | e negresi | town) |
| d | NAME OF HOSPITA OR INSTITUTION | 13,004 Flac | | | d. STREET A | | Street | | | w. IS OF YES | RESIDENCE N A FARM? |
| D | AME OF ECEASED 'ype or print) | First YANE | XX MARY JEA | ddle NNE | BAUS | CH | OF DEATH | Month | / | Day 9 | Yeor 1960 |
| 5. SE | × | | MARRIED NEVER MADOWED DIVO | AND THE PERSON NAMED IN | DATE OF BIRTH 10/24/47 | | 9. AG | E (In years birthday) yrs. | Months De | EAR IF U | NDER 24 HRS. |
| | during most of work NON | N (Give kind of work done ing life, even if retired) E | 106. KIND OF BUSINES | S OR INDUST | W | ASHING? | CON, D.C | | U.S. | | HAT COUNTRY? |
| 13. F | ATHER'S NAME EUGENE M. | BAUSCH | | | 14, MOTHER'S MARY | WILKII | | | | | |
| | | IN U. S. ARMED FORCES | | | FORMANT Eugene 1 | d. Baus | sch, 13, | Addre 004 F1 | | reet | |
| | Conditions, if or gove rise to in cause (a), storing the lying cause lost. PART II. OTH ACCIDENT WAR OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY) | The under DUE TO ER SIGNIFICANT CONDIFT SUNDERLYING [] 206 CAUSE OF DEATH MEDICAL EXAMINER) | DESCRIBE HOW INJUR | ty cy occurred | . (Enter nature o | f injury in Po | rt I or Part II of | item 18.) | N IN PART 1 | 7 (a) 19. 40 YES | YEANS AS AUTOPSY RFORMED? |
| MEDICAL | Hour o.m. | | 20d. INJURY OCCURRED While Not while of work of work | fact | CE OF INJURY (ary, street, affice | | 20f. (City or tou | vn) | (Cou | inty) | (Stote) |
| | 21. I certify the olive on Actual SIGNATURE PHYSICIAN'S NAME (Type) | at attended the de | | | | 8:54 | M, from the DDRESS (Street, c | causes or | nd on the | date s | he deceased tated abave. DATE SIGNED ./10/60 |
| | BURIAL CREMATION REMOVAL (Specify) | N. 226. DATE THEREOF | GATE OF | | CREMATORY N CEMET | | MONTGOM | | | | Stote) LAND |
| 23. F | UNERAL DIRECTOR: | S SIGNATURE PUMPHRAY, IN | ADDRESS | SPRIN | | 240. REC'D | BY REGISTRAR V 1 4 '60 | 24b. REGIS | TRAR'S SIGN | ATURE | |

TO HOSPITAL OR ATTENDING PHYSICIAN; The flow requires that the death certificate be executed within 24 hours after death; Page 4 may be the haspital or attending physician.

TO FUNER CORRECTOR: After this certificate has been signed by the attending physician and completely filled to the funeral director. y the funeral director, is 2 should be filed with may be a fined by the hospital or attending physician.

O FUNER CLORECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS AIS (4) ISM 9/55

| 11. | | HEVE DEVLH | | ATTEST. | |
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12760 CERTIFICATE OF DEATH

| 1. | PLACE OF DEATH | | | | | 2. USUA o. STA | | Where decease | d lived. If institut | | nce befor | re admiss | ion) |
|---------|---|--|-------------|--------------------|-----------|-------------------|------------------|----------------|------------------------------------|------------|------------|-----------|----------------|
| | | gomery | | | YLAND | Di | strict | | umbia | | | | |
| 1 | b. CITY OR TOWN (If RURAL and give no | outside carporale lim | its, write | c. LENGTH OF STAT | Y IN 16 | c, CIT | OR TOWN (II | f autside corp | orate limits, write f | RURAL and | give nea | rest town |) |
| L | Bethesd | · | | 104 Days | 3 | Was | hington | 1 | | | | | |
| | d. NAME OF HOSPITA | AL (If not in hospital, s | giva straet | oddress) | | d. ST | EET ADDRESS | | | 17 11 | a A | e. IS RES | DENCE FARM? |
|) 7 | he Clinica | 1 Center B | ethes | da 1/1, Md. | | 401 | 0 Stre | et N.V | 1. | 10 | - | | NO 🔀 |
| 3, | NAME OF DECEASED | Fic | rs† | Middle | 0 | | Cost | 4. DATE | Mos | n th | Day | у ` | fear |
| L | (Type or print) | Peggy | | Ann | | Beav | ers | DEATH | Novembe: | r | 3 | 1 | 1960 |
| 5. | SEX | 6. COLOR OR RACE | 7. MARI | RIED NEVER MARR | IED 🔀 | B. DATE O | BIRTH | | 9. AGE (In years last birthday) | | - | | |
| | Female | White | WIDOWI | D DIVORG | ED 🗌 | April | 5 1940 |) | 20 yrs. | Months | Doys | Hours | Min. |
| 10 | a. USUAL OCCUPATIO during most of work | N (Give kind of work | done 10b. | KIND OF BUSINESS | OR INDU | STRY 11. B | RTHPLACE (Sto | le or foreign | country) | 12. CIT | IZEN OF | WHATC | OUNTRY? |
| | Secretar | | No | t employed | 3 | | Virgin | | | 1 | U.S. | Α. | |
| 13 | FATHER'S NAME | v | 1 | | | 14. MO | HER'S MAIDEN | | | | | | |
| | Rufus Beav | ers | | | | I | ona Ful | ler | | | | | |
| | WAS DECEASED EVER | IN U. S. ARMED FOR | | SOCIAL SECURITY NO | D. 17. IN | | The Med | | Add | ress | | _ | |
| 6, | vs. na. or unknown) (| If yes, give war or dates of i | | 9-52-3002 | | | | | | 2.1 | 2.5 | - 7 | 3 |
| - | | The state of the s | | | | e Uli | nical U | enter, | Bethesda | a 1/1 | - | ylan | |
| | | TH [Enter only one co | | | 4 | | | | | | | RVAL BE | |
| ш | - CANTO DEAT | TH WAS CAUSED BY: | Pne | umonia and | Sep. | ticem: | .a | | | | 1 | Wee | k |
| Ш | 204 | DUE TO | | | | | | | | | | | |
| | Conditions, if an | | Acu | te lymphoc | ytic | leuk | mia | | | | 15 | mont | hs |
| | gove rise to in cause (a), stating t | | | | | | | | | | | | |
| | lying couse lost. | ne onger- | | | | | | | | | | | |
| Z | PART II. OTH | ER SIGNIFICANT CON | DITIONS | CONTRIBUTING TO DE | EATH BUT | NOT RELA | ED TO THE TER | MINAL DISEA | SE CONDITION GI | VEN IN PAR | RT 1(o) 15 | 9. WAS | LUTOPSY |
| CATION | | | | | | | | | | | | 1000 | RMED? |
| FEIC | 20a. ACCIDENT WA | S UNDERLYING FI | 206. DES | CRIBE HOW INJURY O | CCURRE | D. /Enter no | ture of injury i | in Port Lor Po | rt II of item 18.) | | | 110000 | 110 [] |
| CERTIFI | OR CONTRIBUTING | CAUSE OF DEATH | | | | | | | | | | | |
| | | Month, Day, Ye | as 2004 11 | NJURY OCCURRED | 20.0 | ACE OF IN | URY (Home, fa | Took Ich | | , | Company | | 2C4-4-1 |
| MEDICAL | Hour a.m. | | While | _ Not while _ | | | office bldg., e | | y or lown) | 4 | County) | | (Stote) |
| 2 | p. m. | 19 | of wor | | | | | | | | | | |
| | 21. I certify that | (1) (this haspita |) attenç | led the deceased | fram. | July- | 221 | 60_ , to. | November | 3, 19.4 | 60, the | at (I) (| we) last |
| | saw the decease | ed alive anNov | ember | _3_19_60 and | d that a | leath acc | urred at 523 | 10 PM from | the causes ar | id on the | e date | stated | abave. |
| П | 220. SIGNATURE | | 00 | ~ | | | | | | | | | . DATE |
| | Y | moon | 43 | aug M | | M.D. PHYS | NDING | MED. | STAFF A | 11 | 14/ | 60 | SIGNED |
| | 22c. PHYSICIAN'S | | | 100 | | | DDDEER | | | | | - | |
| | NAME (Type) | Vincent H | Bono | , Jr., M.D | • | 27. | | | ical Cen | | 10 | 1.5 | 2 2170 |
| | - Dilbin Corriero | | | | | | tional_ | | utes_Of_ | | o'ne. | | |
| 23 | OREMOVAL (Specify) | Nov 4 | 1960 | RICH C | and | Va | ert | 238, LOCA | RICH/and | 1 | Va | (Stote | =) |
| 24 | FUNERAL DIRECTOR'S | 1.0 | | ADDRESS | | 1111 | 250, RE- | C'D BY REGIS | TRAR 256. REG | STRAR'S SI | GNATUR | RE | |
| 16 | Valter De | al Funeral | 481 | 2 000 AU | ce, | NU | DATE | NOV 1 | 4 '60 | Chris | n 8.1 | Kinus | |
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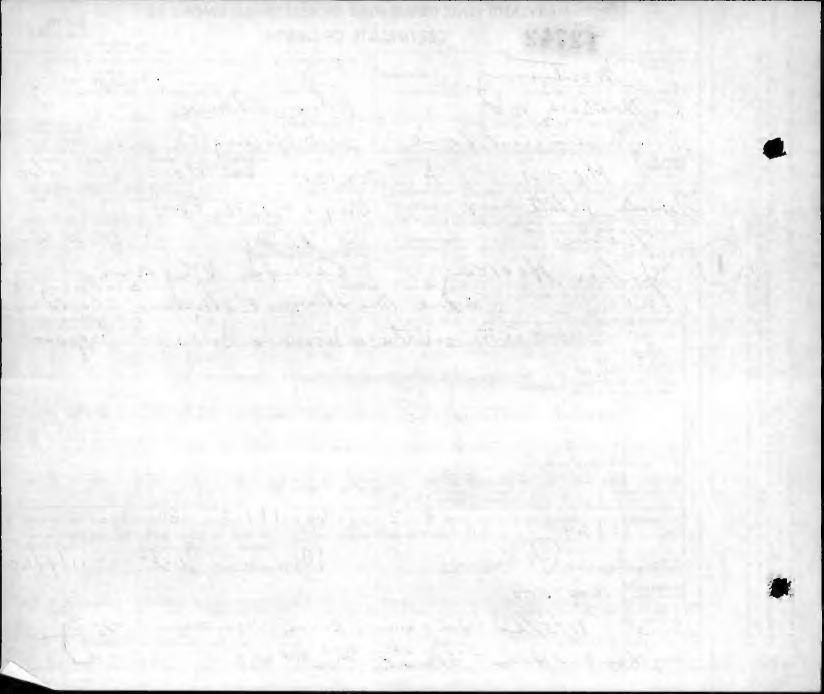
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| manifest of the permitted of the permitted to | MARYLAND | STATE DEPARTMENT | OF HEALTH-BALTIMORE, | 18 |
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£2742

CERTIFICATE OF DEATH

| h | PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) O. STATE O. STATE O. COUNTY D. COUNTY |
|---------|---|
| | b/CITY OR TOWN (If outside carporate limits, write Tr. LENGTH OF STAY IN 1b (C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) |
| | d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ON A FARM? YES NO |
| 3 | NAME OF DECEASED A BEELEY A. DATE OF DEATH North Day Year OF DEATH NORTH 2 19 |
| 5 | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. |
| 11 | Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? |
| 1: | FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. FATHER'S NAME |
| 13 | (If yes, give wor or deles of service) Results of Service Was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 7 INFORMANT (If yes, give wor or deles of service) Refuse Mrs. Sharman E. Washe as Chy 40 |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), storing the under lying couse last. (c) INTERVAL BETWEEN ONSET AND DEATH / O YELL ONSET AND DEATH / O YELL OUT TO Lying couse last. (c) |
| LATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \[\] NO \[\] |
| CEOTIE | 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) |
| MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Nat while of work |
| | 21. I certify that I attended the deceased fram 0 3 , 19 60 to 10 2 , 190 that I last saw the deceased alive an 10 1 9 , 19 60 , and that death accurred at M, fram the causes and an the date stated abave. ACTUAL SIGNATURE AND 3 M.D. DOMASCUS, M.D. 11 (6) PHYSICIAN'S NAME (Type) James P. Kerr |
| 2 | 20. BURIAL, CREMATION, 22b. DATE THEREOF 22d NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stole) |
| 2: | FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE NOV 4 '60 Contact & there |



TO HOSPITAL DE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be respected by the haspital or attending physician.

TO FUNERACCIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then phase remove carbon papers. Pages 1 and ishauld be, filled with the State Board of Health prior to burial, cremation, or remayal, and many event, within 72 haurs after death.

VR A15 (4) 1SM 9/59

Tren proce remaine carban papers. Pages 1 and in an event, within 72 haurs after death.

| 1. | 1. PLACE OF DEATH 2. USUA. 0. COUNTY 2. STA | RESIDENCE (Where deceased lived. If institution. Regidence before admission) |
|--|---|---|
| | 10n-tGomery MARYLAND | b. COUNTY /// on Firmer |
| | b CNY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CIT | OR TOWN (If outside corperate limits, write RURAL and give nearest town) |
| | RDI Gaithersburg LIFE X | KDI Carthersburg |
| | d NAME OF MOSPITAL (If not in hospital, give street address) d. ST OR INSTITUTION | EET ADDRESS ON A FARM? |
| | OK ITSHIBITOR | DI Cartherson YES NO |
| 3 | 3 NAME OF First Middle | Lost 4. DATE Month Day Year |
| | (Type or print) ANNIE Elizabeth Be | ELL DEATH NOV. 1. 1960 |
| S. | S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE O | |
| 1 | Emale NGO WIDOWED DIVORCED MAN | 21 1877 (ast birthdoy) Months Days Hours Min |
| 10 | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1). B during most of working life, even if retired) | RTHPLACE (State or foreign county) 12 CITIZEN OF WHAT COUNTRY? |
| | Domestic | Md. W.Sitte |
| 13. | 13. FATHER'S NAME | HER'S MAIDEN NAME |
| | UnkHown | -arrie Intmas |
| 15 | 15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT | Address PD1 |
| | NO NONE David | Inter: Illippie Tyler Ceithersburg |
| | 1B. CAUSE OF DEATH [Enter only one couse per me for (p), (b), and (c).] | INTERVAL BETWEEN ONSET AND DEATH |
| | PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) LUMANANI E | dema 1 Dry |
| | 4-20 DUE TO 12 | /. |
| | Conditions, if any, which) (b) Cardiac Je | compansation 4 71rd. |
| | gave rise to immediate cause (a), stating the under | 1/1 |
| | lying cause lost (c) Coronary | cousion Tyrs. |
| Į Ž | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA | ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? |
| 3 | & Arteriosclerosism celebro- | vascellar occusion YES NO P |
| CERTIF | 20a, ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enformed) OR CONTRIBUTING CAUSE OF DEATH | ture of injury in Part I at Port II af item 18) |
| l o | (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | URY (Home, form, 20f (City or town) (County) (State) affice bldg , etc.) ! |
| 2 | Haur a.m. While Not while factory, street at work of work | |
| | 21 1 certify that (I) (this haspital) attended the deceased from P EGE | 1955, 19 |
| | saw the deceased alive an 10-31 1960, and that death acc | urred at 2.0M, from the causes and on the date stated above. |
| | 276 SGNATURE - | NDING MED. STAFF SIGNED |
| | M.D. PHYS | DIRECTOR PHYS. 1-1-60 |
| | NAME (Type) | ADDRESS M |
| | Clive E. Jackson 2 | of marph Ha. Kickeniie //kle |
| 23 | 230 BUR.A., CREMATION, 23b DATE THEREOF - 23c NAME OF CEMETERY OR CREMATO | 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | furial 11/4/60 prooke grove. | Laytonsville, M. |
| 24 | 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rockville, Md. | 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE |
| | Total K. Dunvaler " | DATE NOV 3 '60 Chilling S. Hisua |

The second of the second Pi gais sur ? CA in the first of the second 12 12 Finher Mars V Act of some since the second - 6313 / - 6313 Dece po a her A gra 1 and the second of the second o · 20 17 39 . 31

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

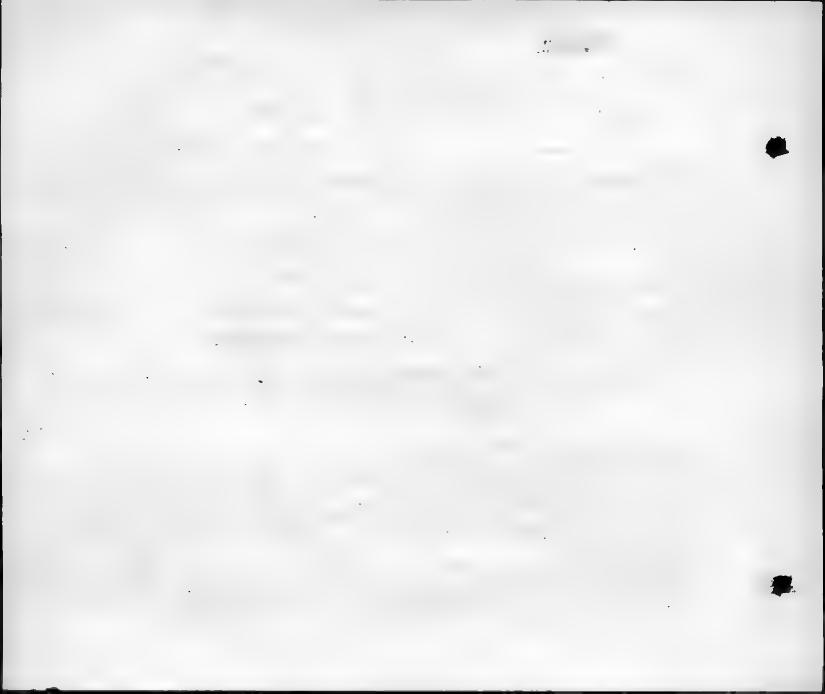
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| | 12/02 | | CEKTIFICA | CIE OF | DEATH | | | | |
|------------------------------|--|---------------------|--------------------|------------------------------------|------------------|----------------------|-----------------------------------|----------------|-------------------|
| PLACE OF DEATH | | | | 2. USUAL R | ESIDENCE (WI | iere decease | d lived If institut | | pefore admission) |
| 0. 0001111 | MONTGO 18RY | | MARYLAND | 0. 31411 | EARY | LAND | b. COUNTY | LONG . | 111.Y |
| b. CITY OR TOW | N (If outside corporate limit | h write c. LEN | GTH OF STAY IN 16 | 1 c CITY C | | | rote limits, write ! | | |
| | e necrest lown) | | | 92 | | | | | |
| Bri | MILSDA | | 33 hrs. | 1 | de forde de | LSDA | | | 1 |
| OR INSTITUTION | SPITAL (If not in hospital, g | ive street oddress) | | d STREE | T ADDRESS | | | | e. IS RESIDENCE |
| | SUBJEBAN | | | | MOOR R | radle | v Bl.vd. | | YES NO |
| NAME OF | i Fire | uf . | Middle | | Losi | 4. DATE | Mo | n th | Day Year |
| DECEASED | , | | MAGIE | | EO31 | OF | (MO | 3 2 4 | , |
| (Type or print) | r.ORGE. | W. | | B.I.L | | DEATH | 1.4 | /2/60 | 19 |
| . SEX | 6 COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF B | IRTH | | 9 AGE (In years lost birthdoy) | | FAR IF UNDER 24 H |
| 14. T TT-2. | White | WIDOWED T | DIVORCED [| 37 | 171/05 | | | | ys Hours Min |
| Justa, decur | ATION (Give kind of work of working life, even if retired) | ione 10b KIND O | F BUSINESS OR IND | ISTRY 11 BURT | HPLACE (State | or fareign o | ountry) | -4-1 | NOF WHAT COUNTE |
| during most of | vorking life, even if retired) | | | | (0.0 | | , | | |
| FATHER SNAME | er | <u> </u> | | | Virgi | | | | U.S.A |
| FATHER'S NAME | | | | 14. MOTHE | R'S MAIDEN N | IAME | | | |
| 13 | 43 3 9 | | | | 3.5 | | | | |
| . WAS DECEASED | EVER IN D. S. ARMED FOR | CES? 16. SOCIAL | SECURITY NO 17. | INFORMANT | Mary_ | | Add | dress | |
| Yes, no, or unknown) | (If yes, give war or dates of se | | | • | | | | | |
| No. | | | | Demoht | r Mice | Emms | Bell S | umo pe | Ttom 2 |
| IB CAUSE OF | DEATH [Enter only one con | use per line for (o |), (b), and (c) }- | 5 | | | 120 | | INTERVAL BETWEEN |
| PART 1. | DEATH WAS CAUSED BY: | 14 15 | Moderan | 2000 | m. 010 | 10.1 | 11 | (| DNSET AND DEAT |
| LLA | IMMEDIATE CAUSE (0) | | COCCO G G | Section in | N.COC | May it | | | |
| 1 20 | DUE TO | | - L | | 17 | 1 | ph. | | v - 0 |
| | fony, which) (b) | me | cheline | 1/1/2 | Kong | SOCK | 0/ | | 2 dura |
| gove rise to | | 7 | | 7 LUC | Llung | nyo | carelle | Kent | relier |
| lying couse to | ud the nunet. | 10772 | LA RUSIC | 12 10 1.1 | -1 140 | Sny | dias | 210 | 1 alana |
| | OTHER SIGNIFICANT CON | DITIONIC CONTRIB | HITING TO DEATH BI | T NOT BELATER | TO THE TERM | ALAZ DICA ALA | E CONDITION G | MCA IN DARK N | ol 19 WAS AUTOP |
| <i>)</i> [| DIREK SIGNIFICANT CON | DI TONS CONTRIB | OTHO TO DEATH BU | II NOI KELAIEL | 10 IHE IEKMI | MALDISEAS | E CONDITION G | AEM IN LWK! I | PERFIDRMED? |
| 5 | | | | | | | | | YES NO |
| 200 ACCIDENT OR CONTRIBLT | WAS UNDERLYING | 206. DESCRIBE HO | OW INJURY OCCURR | ED. (Enler notu | e of injury in l | Port I or Por | rt Ic of item 18.) | | |
| IF EITHER, NOT | ING CAUSE OF DEATH | | | | | | | | |
| 20c. TIME OF IN | | | 20. | 4 4 6 5 6 6 1 1 1 1 1 1 1 1 | W 10 1 | 1 005 101 | | | |
| Hour o. | | | ot while | LACE OF INJUS octory, street, o | ffice bldg., etc | l, (20° (Cπ) ,} ! | or town) | (Cou | nty) (Sto |
| p. | 10 | | work | | | | | | |
| at the sale | 45 - 4 - 21X - 24E - 5 - 1 - 1 - 1 - 1 - 1 |) - A1 | 1 | MAKI | 16 20 | C7. | 7/10- 2 | 20/0 | 1 000 |
| | that (1) (this haspital | | 60 | | 19 | , , | | | ! that (I) (we) ! |
| | eased alive an Z | CV K 19 | and that | death occur | red at | M, fram | the couses a | nd an the d | ate stated abar |
| 229 SIGNATURI | 100011 | , | | | | | | | 226.DATE |
| 1/hl/71 | NK PATH | dulan | ul. | M D PHYS | ING MI | EO Rector [| STAFF PHYS | | SIGN |
| 22c SHYS CIAN | 8 | - 1 | / | 22d AD | | ALCTON _ | | .0 |)Stel |
| NAME TYPE | In Ikt | - 4, -110 | an home | 1112 | 46 | 20 R | 24/13.11 | 1/2.1 | 12.40 / |
| 14/1/ | red / 1-L | 11411 | UNITUHI | 1110 | 10/ | V 1)6 | ed and | mare 1 | real de |
| | THON POST THEREO | | AME OF CEMETERY | OR CREMATOR | 1 | 23d LOCA | TION (CITY JOWN, | or county) | (Stote) |
| THE WORLD IS DON | *X 11/5/60 | Ft | . Lincol | n Cem. | | Coln | ier Man | or. Ha | |
| 4 FUNERAL DIRECT | OP'S SIGNATURE | | DDRESS | 11 0 CUI+ | 25 25 | | | 7 | |
| | | | | *** | Nog KEC, | D BY REGIST | | ISTRAR'S SIGNA | |
| Lee Fun | eral Home | 300-4 | th St.N. | E. | DATE | NOV 4 | '60 | arthur & | Trans |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4s may be received by the hospital an attending physician.

TO FUNERAL SIRECTOR: After this certificate has been signed by the otherding physician and completely filled it is the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

TO FUNERA: VR A1S (4) 1SM 9759



12763

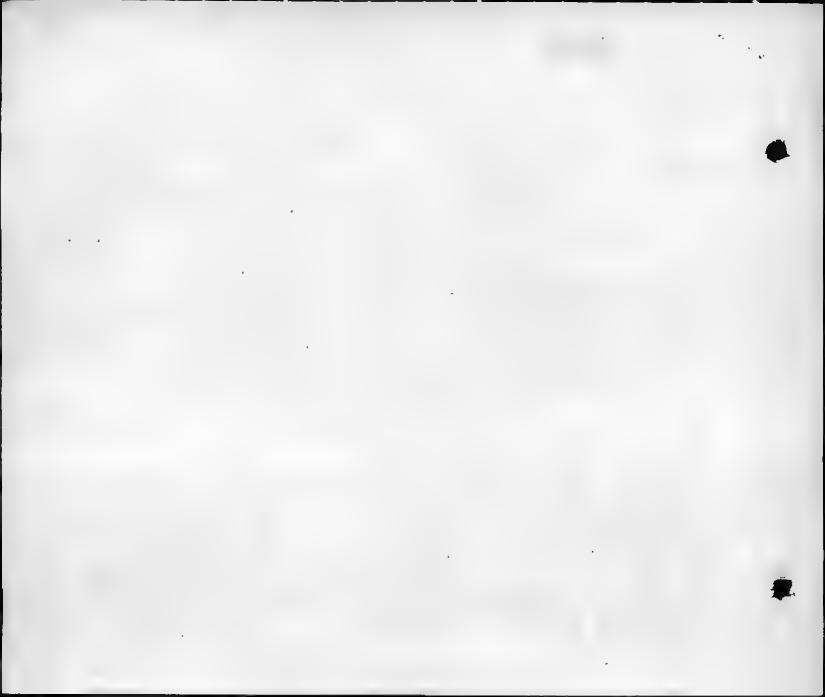
CERTIFICATE OF DEATH

| 1. PLACE OF DEATH O. COUNTY Montgomery | MARYLAND | 2. USUAL RESIDENCE (Who o. STATE Marvl | | tived. If institution b. COUNTY | m: Residence before | |
|---|----------------------------|--|----------------|---------------------------------|---------------------|---|
| | TH OF STAY IN 15 | c. CITY OR TOWN (If o | | ote limits, write RL | | |
| RURAL and give nearest town) 2 | weeks | Bethe | sda | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) | | d STREET ADDRESS | | | | IS RESIDENCE |
| OR INSTITUTION Wheaton Nursing | g Home | /-8200 Ray | burn | Road | | |
| 3 NAME OF First DECEASED | Middle | Last | 4. DATE | Mont | h PICL . Day | Yeor |
| (Type or print) Martha | Anne | Belyea | DEATH | | | 11 160 |
| S. SEX 6. COLOR OR RACE 7 MARRIED N | EVER MARRIED | 8 DATE OF BIRTH | | 9 AGE (in years lost birthdoy) | Months Days | |
| F white WIDOWED K | DIVORCED 🔲 | June 6,18 | 867 | 93 yrs | Months Days | Hours Min |
| 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF | BUSINESS OR INDU | | | untry) | | WHATCOUNTRY |
| during most of working life, even if retired) house—wille | | Maj | ine | | U. | S. A |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | | | - | |
| Jessie Crowse | | Eunice | 9 PI. 3 | Sprague | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S. (Yes, no. or unknown) [1] (If yes, give wor or dates of service) | ECURITY NO. 17. H | NFORMANT | | Addr | ess | |
| (Yes, no, or unknown) (If yes, give war or dates of service) Non | e F | lorence Tis | dale- | daughte | r-same | 2d |
| 18. CAUSE OF DEATH [Enter only one couse per line for (a), | | | | | , INTE | RVAL BETWEEN |
| PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | - Viotele | vesis yens | eral 1º | 3 - 0 | 10 | +475, |
| H 22 DUE TO | | | 0 | | | 1 |
| Canditions, if any, which) (b) | | | | | | |
| gove rise to immediate (couse (a), stating the under- | | | | | | |
| lying couse lost. (c) | | | | | | |
| PART 1. OTHER SIGNIFICANT CONDITIONS CONTR BU | TING TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE | COND. TION GIV | EN IN PART 1(0) 15 | PERFORMED? |
| 3 Confirmentosclasot | Lie Cas | diovascula | en de | seas 27 | Sales Sales | YES NO |
| 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOOOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | W INJURY OCCURRE | D. (Enter noture of injury in | Port I or Port | II of item 18) | | |
| | CURRED 20e. Pl | ACE OF INJURY (Home, form | n, 20f [City | or lown) | (County) | (Stote |
| Hour a. m. to While Nal | | ctory, street, office bldg., etc | | , | (444) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | 10-21- 10 | 1-1-11 | 2110 | 20/2 Cl 11 | . ((1) (-) (. |
| 21 I certify that (I) (this hospital) attended the | deceased fram | death occurred on 19 | 6.0.101 | | | of (I) (we) las |
| saw the deceased alive and r 19 | P. 97 and that a | death occurred on 2-2 | W, Iram | ine causes an | d on the date | 22b DATE |
| amos hit to | ora mi | AD ATTENDING MI | ED RECTOR | STAFF PHYS. | | SIGNE |
| 22c PHYSICIAN S | 60 1 | 22d. ADDRESS | m //- | 05. 1 | 7 | Di |
| NAME (Type) Tarnes M. Whittoch | 5 MD | (// |) (a | unefa | N-14 | rough/ln |
| 23g BURIAL, CREMATION 23b. DATE THEREOF 23c NA | ME OF CEMETERY C | OR CREMATORY | 23d LOCAT | ION (City, fown, o | or county) | (State) |
| Bur-Transit 11/15/60 Nee | edham Cer | meterv | Во | ston. M | assachu | sette |
| | DRESS | | D BY REGISTI | | TRAR'S SIGNATUR | E |
| Robert A. Pumphrey Beth | esda, Ma | ryland DATE ON | L 1 5 '60 | | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be respected by the haspital at attending physician.

TO FUNERAC SIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 should be detached far use as the burnal-transit permit. Then please remave carban papers. Pages 1 and 2 should be fixed with the State Board of Health priar to burial, cremation, at remaval, and in any event, within 72 hours after death.

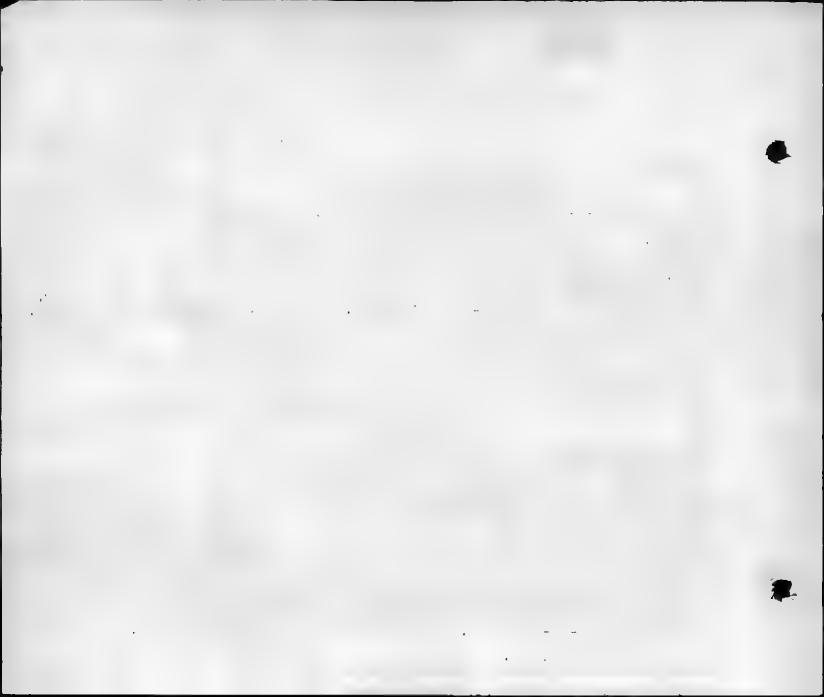
OF OF WR A15 (4)



| MARYLAND | STATE DEPARTA | MENT OF HE | ALTH_BAL | TIMORE, 1 | 8 | | |
|---|---------------------------|--|--|---|----------------|------------------------------------|--------------------|
| 74# | CERTIFIC | ATE OF DE | ATH | , | Reg. Dist. | . 12{ No. 12{ | 61 |
| | | 2 USUAL RESIDEN | ICE (Where decease | | n: Residence | befare admis | sion) |
| y wary | MARYLAND | Maryla | | b. COUNTY | may. | P. F. | |
| corporate jîmîls, write n) | c. LENGTH OF STAY IN 16 | II. | WN (If outside corpo | orate limits, write RI | JRAL and giv | e pearest low | n) |
| <u> </u> | | 1 7 7 | vy Chase | | | | |
| in hospitat, give street o | | d. STREET ADD | | | | | SIDENCE A FARM? |
| roll Hall | N. H. | 2900 | Terrace : | Drive | | | NO 🔼 |
| First | Middle | Lost | 4. DATE OF | Mon | ħ | Day | Year |
| Blanche | | Bishop | DEATH | | mber | 20 | 160 |
| OR OR RACE 7. MARRI | IED NEVER MARRIED | 8 DATE OF BIRTH | | 9 AGE (In years lost birthday) 87 yrs. | | YEAR IF UND | 7 |
| te widows | Busul busul | | 1873 | | manins D | oys Hours | Min. |
| kind of work done 10b. : ven if retired) rapher | KIND OF BUSINESS OR IND | Hillsbo Bruns | E (State of foreign of or New swick Ca | ountry) Lnada | 12 CITIZ | EN OF WHAT | |
| - COD1101 | | 14. MOTHER'S MA | NDEN NAME | | | | |
| Bishop | | Susa | an Eliza | | | | |
| | SOCIAL SECURITY NO. 17. | INFORMANT | | Addr | | | 10 |
| way or dates of service) | 0-03-6406A | Col. Her | hert B N | Vichols C | 00 Te | rrace | Dr. |
| r only one cause per lin CAUSED BY: NTE CAUSE (a) | | 1 factur |) · (| | | INTERVAL BE ONSET AND 3 Clay | ETWEEN DEATH |
| DUE TO (b) (c) | arterio se | lerosis | bengra! | izé d | | / | |
| FICANT CONDITIONS C | ONTRIBUTING TO DEATH BU | T NOT RELATED TO TH | ETERMINAL DISEAS | E CONDITION GIVE | EN IN PART 1 | (a) 19. WAS | AUTOPSY |
| Lupostatio | Breymon | 1110 | | | | PERFO | ORMED? |
| YING 1 205. DESC E OF DEATH EXAMINER) | RIBE HOW INJURY OCCURR | | jury in Part I or Port | t II of item 18.) | | 1 | |
| Day, Year 20d. IN White at work | Not while 10 | ACE OF INJURY (Honoctory, street, office blooms) | ne, form, 20f (City dg., etc.) | or town) | (Co | unty) | (State) |
| ended the decease | ed from Mo | 14. 1954. | a 710 | ov 20, 1960 | that) la | et caw the | decented |
| OV 17 1960 | , and that deat | f m | 7 - | n the causes a | | | |
| red 5. W | orta | м.d. 47/ | ADDRESS (SI | reet, city or town, a | itote) Beth | | ATE SIGNED |
| DATE THEREOF | 22c. NAME OF CEMETERY (| P CREMATORY | 204 1004 | FION (City, fown, o | | | |
| | Leave LANGIE OF ACTUELENT | A PREMAIURI | 220 COLA | HOIT CHIP, IOWIN, O | r county) | 1Stot | (e) |

246 REGISTRAR'S SIGNATURE

Collan & Kraus



CERTIFICATE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Mont GrineRy CITY OR TOWN (If outside corporate limits, write RURA), and give negrest fawn) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO K 4. DATE Month Day Year DEATH 1960 0500 IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 9 AGE (In years lost birthdoy) Months 12 CITIZEN OF WHAT COUNTRY? Amer 14. MOTHER'S MAIDEN NAME 17 INFORMANT d INTERVAL BETWEEN ONSET AND DEATH 14267 years. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 116 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home form, , 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.)

saw the deceased alive an /W 220 SIGNATURE

1960, and that death occurred at J. AM, from the causes and an the date stated above ATTENDING PHYS M.D 22d ADDRESS

23c NAME OF GEMETERY OR CREMATORY

MED DIRECTOR STAFF

60,10

23d LOCATION (City, town or county) (Stote)

226 DATE S GNED

720 venice (41960, that (1) (we) last

REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE

BURIAL CREMATION.

22c. PHYSICIAN'S

250. REC'D BY REGISTRAR DATE NOV 1 7 '60

Evely S. Hines

25b. REGISTRAR'S SIGNATURE

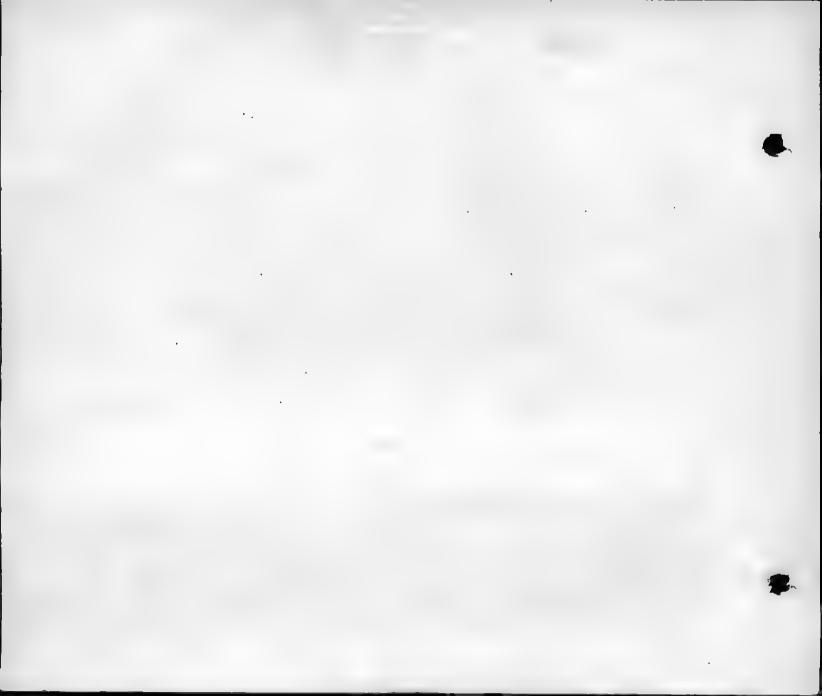
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| - 4 | O | 0 | C | α |
|-----|---|----|---|----------|
| - 4 | 2 | 1) | U | J |

CERTIFICATE OF DEATH

Reg. Dist. No.

|) | 1. PLACE OF DEATH 6. COUNTY | 2. USUAL RESIDENCE (Where deceased awed. If institution Residence before admission) 5. STATE b. COUNTY | | | | | | | | |
|-----|---|--|--|---------------------------------|------------------|------------------------------|--|--|--|--|
| | Montgomery b CITY OR TOWN (if outside corporate limits, write c | , LENGTH OF STAY IN 16 | | | | | | | | |
| | RURAL and give nearest town) | , LENGTH OF STAT IN ID | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | | |
| | Bethesda | | | n, D.C. | 11-1 | 1, " | | | | |
| 7 . | d NAME OF HOSP TAL (If not in hospital, give street ode OR INSTITUTION | dress) | d. STREET ADDRESS | | | o IS RESIDENCE ON A FARM? | | | | |
| 10 | Resmore Sanitarium | | 3173 Porter | Street, NW | | YES NO- | | | | |
| | 3 NAME OF First DECEASED | Middle | Lost | 4 DATE Mor | nth | Day Year | | | | |
| | (Type or print) NELLIE | | ONUTT | | er 2, 19 | | | | | |
| | S. SEX 6. COLOR OR RACE 7 MARRIED | NEVER MARRIED | 8 DATE OF BIRTH | 9. AGE (in years lost birthdoy) | Months Dos | FAR IF UNDER 24 HRS | | | | |
| | Female White WIDOWED | DIVORCED 🔲 | June 23, 1882 | | Monnes Do | rs Hours will | | | | |
| | 30a. USUAL OCCUPATION (Give kind of work done 10b. KI) | ND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (Stole of | r foreign country) | 12 CITIZEN | OF WHAT COUNTRY? | | | | |
| | during most of working life, even if retired) Housewife | | Washington | D.C. | USA | A . | | | | |
| | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | | | | | | | |
| -) | 70 3 m 3 | | Sarah Behre | and | | | | | | |
| / | Amnon Behrend Is was deceased ever in u. s. armed forces? 16. so | ICIAL SECURITY NO. II | NFORMANT | | iress | | | | | |
| | (Yet, No. or unknown) [(If yes, give war or date of service) | | | | | ai du | | | | |
| | No - | - Mr | s. Edgar Stron | nberg-3173 Por | rter Sua | Nelle | | | | |
| | 18. CAUSE OF DEATH [Enter only one couse per line | for (o), (b), and (c).] | 0 | 1 | | NTERVAL SETWEEN | | | | |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) | ebral thr | amboses 4 | hemorrh | age | 3 mas | | | | |
| | 343 L DUE TO | | | | | | | | | |
| | Conditions, if any, which) the Cen | Conditions if the which I confidence askers of alless of | | | | | | | | |
| | gove rise to immediate (| <i>yo</i> | x - 000 pay 00 | - Q) <u>-</u> | | - / | | | | |
| | biog source last | | | | | | | | | |
| | | ATRIBUTANC TO DEATH BUT | NOT BUILTED TO THE TORNUS | IN DISEASE CONDITION OF | UCAL IN LOADT IV | NIO WAS AUTORS | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO 12/2 | | | | | | | | | |
| | OR CONTRIBUTING ☐ CAUSE OF DEATH! | DR CONTRIBUTING C CAUSE OF DEATH | | | | | | | | |
| · | | | | | | | | | | |
| | 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour p. m. While Not while p. m. 19 of work of work of work | | | | | | | | | |
| | 21 I certify that I attended the deceased | 21 I certify that Lattended the deceased from Jen 1950, to 2 1960, that I last saw the deceased | | | | | | | | |
| 1 | 1 | | / | * | | | | | | |
| | dive di | alive an 1960, and that death accurred at 10 P. M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) (DATE SIGNED | | | | | | | | |
| Į. | ACTUAL Marcol (1) | u. D. | MD 2500 CO | | 7- // | 6 160 M | | | | |
| | SIGNATURE I ALLE COST | CC) | MD. 2500CE | weil of | 7:4 | Vary XX | | | | |
| | PHYSICIAN'S NAME (Type) PAUT R. WTINER. M | . | | | | | | | | |
| | | 72c NAME OF CEMETERY O | P CPEMATORY | 22d. LOCATION (City, town | or county) | (State) | | | | |
| | REMOVAL (Specify) | | | No. 2 and make many | 4. | 2 | | | | |
| | Burial II-6-60 W | ADDRESS ADDRESS | rew Cong. Cent | | STRAR'S SIGNA | ATINDE | | | | |
| | | | | | Chin & The | | | | | |
| | Rernard Danzansky & Sons-35 | OT THEIR DOOP | ATTACE IN THE | 0 | | | | | | |

page 3 shauld be detached for use as the burial-transit permit. TIIIIn please Temave carbo the registrar prior to Iluria, cremation, ar remaval, and in any event within 72 haufy-fifter TO FUNERAL VS A15 (4) 15M 9/58

RECTOR.

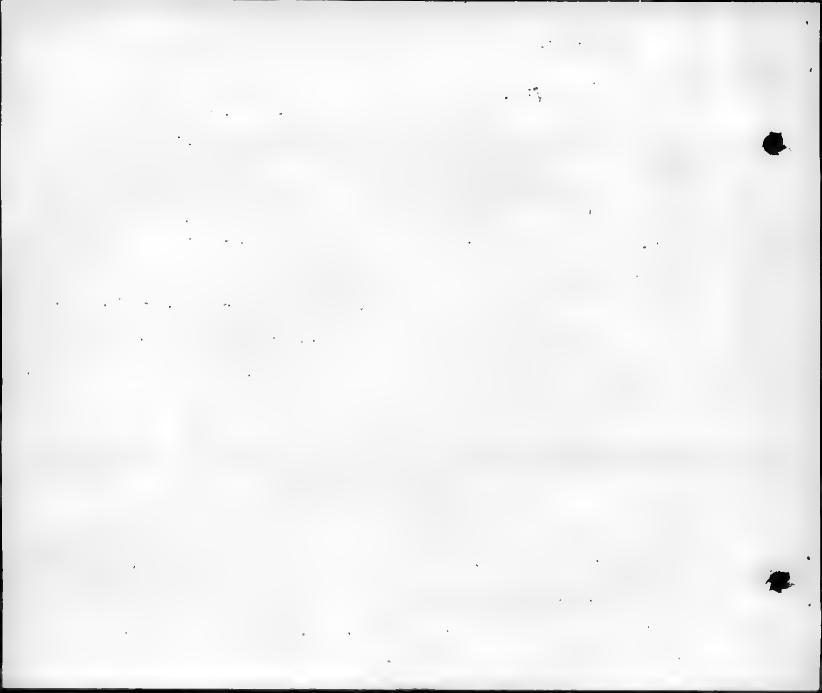
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

by the hospital ar attending physician.

by the hospital ar attending physician.

crown After this certificate he been signed by the attending physician and campletely filled in a stand for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and

ir he funeral director and 2 should be filed with



| 1.6 | (11) | GEIGHTIG | TIE OF PERTIT | | |
|---|--|---------------------------|--|--|--|
| 1 PLACE OF DEATH | | | 2. USUAL RESIDENCE (Where deced | sed lived If institution, Residence | before admission) |
| a COUNTY | ~elu | MARYLAN | · STATE many le | In Ob. COUNTY Mes | +- |
| b. CITY OR TOWN (If outside of RURAL and bive nearest fown | arporate limits, write a | LENGTH OF STAY IN | c CITY OR TOWN (If ayside con | porate limits, write RURAL and gi | ve rearest town) |
| d. NAME OF HOSP TAL (IF not OR INSTITUTION | n hospital, give street ad | tosfilal | 3903 Qu | vie Street | e IS RESIDENCE ON A FARM? YES NO R |
| 3. NAME OF DECEASED (Type or print) | Edward | Middle A. | Brand d. DAT | тн // | Day Year /0 1960 |
| S. SEX 6. COLO | R OR RACE 7 MARRIED WIDOWED | NEVER MARRIED (| 8. DATE OF BIRTH 3 - 20 - 79 | Table to Name State 5 | YEAR IF UNDER 24 HRS Days Hours Min |
| 10a. USUAL OCCUPATION (Give k during most of werking life, e | ven (f retired) | ND OF BUSINESS OR IN | USTRY 11 BIRTHPLACE (State or foreign | * | EN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | donle | Brand | 14. MOTHER'S MAIDEN NAME TOMM | · Klenn x | Stewart |
| 15. WAS DECEASED EVER IN U S IVes, 700, op unknown) If yes, give v | ARMED FORCES? 16. SO for or dates of service) | OCIAL SECURITY NO. | Lillian B | Nend - 515 | ter-20 |
| 18. CAUSE OF DEATH [Enter | only one couse per line | for (g), (b), and (c). | | :1 -17 (/ | INTERVAL BETWEEN |
| PART I. DEATH WAS C | | (fente | ongsley ! | Heart tarks | ONSET MID-DEATH |
| Canditions if any which | DUE TO | Thyoro | de linny | Mugney | 1+42 |
| couse (a), stoling the under- lying couse last. | (c) | horono | ry Perlieur | relevis | Styr |
| PART II OTHER SIGNAL | FICANT CONDITIONS CO | MIRIBUTING TO DEATH | UT NOT RELATED TO THE TERMINAL DISE | ASE CONDITION GIVEN IN PART | 1(a) 19. WAS AUTOBSY PERIORMED? YES NO |
| 200 ACCIDENT WAS UNDERLOOK CONTRIBUTING IT CAUST | YING THE 206 DESCRIPTION OF DEATH EXAMINER) | IBE HOW INJURY OCCU | RED (Enter nature of injury in Part I ar | Port II of item 18) | |
| 7 20c TIME OF INJURY Month | While - | URY OCCURRED 206 Not work | PLACE OF INJURY (Hame, farm 201 (Cotory area), affice bldg , etc.) | City or town (Co | ounty) (State) |
| 21 I certify that (I) (the | Lespital) attende | d the deceased fro | nov 160 10 | 101111 (50 | that (I) (ye) last |
| saw the deceased olive | of fairly | 1965 and the | death occurred of JAM, fro | m the causes and on the | |
| CANA. | Elsus | te | M.D. ATTENDING MED DIRECTOR | STAFF SIMM | C SIGNED |
| MANA TARE | SICHU | UNE | 22d, ADDRESS 2.2 | MESTERN | CHASEN |
| REMOVAL (Specify) | . / / | | | CATION (Olly, Town, of county) | (State) |
| BUTTAL L 24, FUNERAL DIRECTOR'S SIGNAT | 1/14/60 | Greenhill ADDRESS | Cemetery Lu | iray Virginia Sistrak 256 REGISTRAR'S SIG | |
| | | | aryland DATE NOV | 14'60 Galler | |

O HOSPITATE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death. Page 4 may be reflected by the haspital at optending physician.
O FUNERATE RECTOR: After this certificate has been signed by the attending physician and campletely filled it was as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, are remayal, and in any event, within 72 hours after death. TO HOSPITA may be re TO FUNERA VR A15 (4) 15M 9/59



certificate be executed within 24

that the death



MARYLAND STATE DEPARTMENT OF HEALTH 1276 POIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

| | | | | | | - | | | | | |
|-----------------------------------|--|--------------------|---------------------|-------------|---|--|---------------|-----------------------------------|--------------|---------------|------------------|
| 1. PLACE OF DEATH G. COUNTY | riontgomery | | MARYL | AND | 2 USUAL RESII o. STATE | , | _ | Hived If institu b. COUNT | Υ . | ce before o | |
| b CITY OR TOWN | (If autside corporate limit | ls, write | c LENGTH OF STAY IN | ч 1Б | reary Land rentgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | |
| RURAL and give | nearest tawn) | | | | | | | | | | |
| Bethe | SCIEL ITAL (If not in hospital, p | inve street | D.U.A. | | 3. STREET A | | | | | - Is | RESIDENCE |
| OR INSTITUTION | | | 34416337 | | 1 | | 7 | 4 | | | ON A FARM? |
| | purban nospi | tal. | | 1 | <u> 4,205 ii</u> | <u>ideper</u> | idence | street | | } 16 | S NO [3] |
| 3. NAME OF DECEASED | Fir | st | Middle | | Las | | 4. DATE | | mith | Day | Year |
| (Type ar print) | | ingto | | | prani | non | DEATH | | ember | 21 | 1960 |
| 5 SEX | 6. COLOR OR RACE | 7 MARR | IED KNEVER MARRIED | | DATE OF BIRTI | 4 | | 9 AGE (In years last birthday) | Months | | JNDER 24 HRS |
| rale | white | WIDOWE | DIVORCED | | august_ | 17.188 | 3± | 79 yr | | 50,5 | 5013 PHIII. |
| 100 JSJAL OCCUPAT | ION (Give kind of work irking life, even if retired | done 10b | HIND OF BUSINESS OF | INDUST | RY IT BIRTHPL | ACE (State (| ar foreign co | ountry, | 12 CITI | ZEN OF W | HAT COUNTRY? |
| uandscape | artist-ret | ired | Co | | Lout | n care | Lina | | | $U_* \circ A$ | • |
| 13 FATHER'S NAME | | | | | 14. MOTHER'S | MAIDEN N | AME | | , | | |
| สสา | nes albert i | ranne | on | | na | ttie 1 | . Gil | .bert | | | |
| IS. WAS DECEASED EV | ER IN U.S. ARMED FOR | CES? 16. | | 17, INF | ORMANT E.S. | on-in- | -lawl | Ad | dress | | |
| (Yes, no, or unknown) | (If yes, give war or dates of s | ervice) | none | .1. | u. Deat | | _Luny | As a | above | | |
| | EATH [Enter only one co | use per lir | | | | | | | | INTERVA | AL BETWEEN |
| | ATH WAS CAUSED BY: | , | -7 | 1. | 1 7 | 9 | 7.3 | | | ONSET | AND DEATH |
| 1.00 | IMMEDIATE CAUSE (d | | - Ingine | - Shall- | <u> </u> | 2. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 20,20 | | | 7 - | and the state of |
| 7 | O DUE TO | Å | | 2 | is a start of the | | | | | | |
| Canditians, if gave rise to | immediate (| 7 1 | Menge | gry, | of the filent thinks the workers | | | | | | |
| cause (a), stating | g the <u>under-</u> DUE TC | 1 | | | | | | | | | |
| lying cause last | _ / // | 7. | | | | | | | | | |
| NO PART II. O | THER SIGNIF CANT CON | DITIONS C | ONTRIBUTING TO DEAT | H BUT N | NOT RELATED TO | THE TERMI | NAL DISEASI | E CONDITION G | VEN IN PAR | h 61 (9) 13 | ERFORMED? |
| S ACCIDENT | | 1-24 | | | | | | | | YE | ѕ □ но Д |
| OR CONTRIBUTION (IF EITHER, NOTIF | VAS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. DESC | CRIBE HOW INJURY OC | CURRED | , (Enter noture o | finjury in P | Part Lar Port | t II of item 18) | | | |
| | IRY Month, Day, Ye | or 20d It | | Oe. PLA | CE OF INJURY (| Home, form | , 20f. (City | or town) | (1 | Caunty) | (State) |
| Hovr e, m | 10 | While, | Not while | rocr | ory, street, aff ice | e blag., etc. | 1 | | | | |
| | : at (l) (this haspital | - | | | 105% | 10 | l a | 11-21 | 10/ | 17 16-1 | (i) (we) last |
| 1 1 | 2.4 | ij arrena _ 4 / | | | | | | | | | |
| 22a SIGNATURE | ased alive an#_ | 744 | 19 60 , and t | hat de | eath accurre | 3 01/2/42 | go, tram | the causes a | nd on the | e date sti | 22b DATE |
| 7 | Jurvie . | J. E. Sum | | N | ATTENDIN | ME ME | D RECTOR [| STAFF PHYS | 11-21 | -60 | SIGNED |
| 22c PHYSICIAN S NAME (Type) | | 0 | 1 | | 22d ADDR | iss | | , | 12.6 | - | a b |
| Toolie (Type) | Morris | Perr | "if | | 1160 | $2 \sigma_{\phi}$ | bora; | a AVR- | 7//4(5) | 177 | IN9 /201 |
| | ON, 236 DATE THEREC | OF U | 23c NAME OF CEMET | ERY OR | CREMATORY | | 23d (OCA | TION (City, tawn | or county) | | (Stote) |
| BURIAL (Specif | ⁷⁾ 11/23/60 | | PARKLAWN | CEM | ETERY | | MONT | rGOMERY | COUNTY | MD. | |
| 24 FUNERAL DIRECTO | R S SIGNATURE | TNC | ADDRESS | ID T 31/ | 2 MD | | BY REGIST | | SISTRAR'S SI | GNATURE | |
| WARNER E. | 13 11 /6 3 | INC. | SILVER SP | KIN | r, MD. | DATE | Y 2 8 '6 | 0 a | thun 8. | House | |
| | D | | | | | | | | | | |

TO HOSPITALOR ATTENDIN■ EHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relief by the hospital ar attending physician.

TO FUNERAC-SRECTOR: After this certificate has been signed by the attending physician and campletely filled is the funer-transformed page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld beceived with the State Board of Health prior to burial, cremation, ar remaval, and may event within 72 hours after death. VR A1S (4) 1SM 9/S9



TO FUNERAT TO HOSPITA

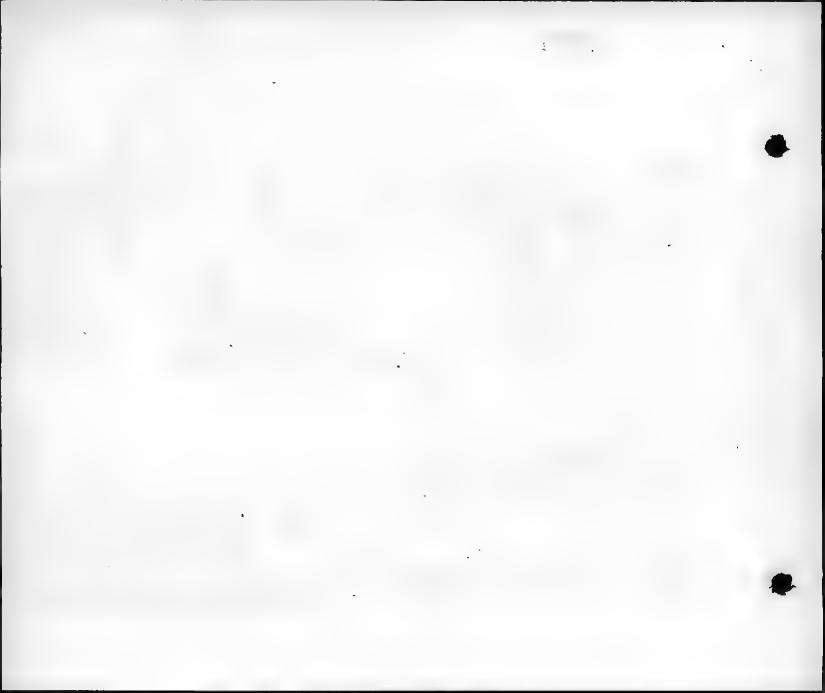
VS A15 (4) 15M 9/58

unit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 49960

| 16(00 | | | | Re | g. Dist. No. | |
|---|--------------------------------|---------------------------------|--------------------------|---|-------------------|----------------------------|
| PLACE OF DEATH | | 2 USUAL RESIDENCE (V | | | esidence before | odmission) |
| MO.NTGO. 16.KY | MARYLAND | o. STATE | LAND b | . COUNTY , | MONTGON | TRY |
| b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c LENGTH OF STAY IN 15 | c. CITY OR TOWN (III | outside corporate limi | its, write RURAL | and give near | est town) |
| DETELLISDA | 32. days | 34 | SILVLR SPR | T.)G | | |
| d. NAME OF HOSP TAL (If not in haspital, give stree OR INSTITUTION | | d STREET ADDRESS | | and in 1 year | | IS RESIDENCE ON A FARM? |
| SUBUR: AN | | 10815 Je | wett St. | | | YES NO K |
| 3. NAME OF First DECEASED (Type or print) | Middle | Bi Lishan | 4. DATE OF DEATH N | Month OV. | D ay 28 | Year 19 60 |
| 5. SEX 6. COLOR OR RACE 7. MAS | RRIED NEVER MARRIED | 8. DATE OF BIRTH | | | | F UNDER 24 HRS |
| WIDOW | VED.ET DIVORCED T | D 10 10 | and lost 1 | 1 | | Hours Min |
| TOTAL OCCUPATION (G ve kind of work done 10th during most of working life, even if retired) | KIND OF BUSINESS OF INDI | Dec. 18 1 | 398 61 | | 2 CITIZEN OF | WHAT COUNTRY |
| during most of working life, even if retired) | KIND OF BOSINESS OX IND | | | , | | |
| 3. HARRINAL CO | | | sylvania_ | | υ | .S.A |
| 3. PAINER 5 NAME | | 14 MOTHER'S MAIDEN | NAME | | | |
| I.TNDE | | | ? | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (You no, or unknown) (If you, give war ar dates of service) | SOCIAL SECURITY NO. | INFORMANT | | Address | | |
| | | John J. Sha | ndis (Gran | <u>dson) S</u> | alle all | E DOVE |
| 18. CAUSE OF DEATH [Enter only one cause per l | line for (a), (b), and (c).] . | 1/ 1/5 | 1 | | | VAL BETWEEN |
| PART I. DEATH WAS CAUSED BY. // IMMEDIATE CAUSE (a) | congestive | Heart /a | uure | | 3 | days |
| DUE TO | 1 11. 1 | .1 " 1/ | 1 111. | | | |
| Conditions, if any, which) | Arthunkless | Te Hear | + wise | del | al | nknous |
| gave rise to immediate | | | | | | |
| lying saves lest | | | | | | |
| | CONTRIBUTING TO DEATH BU | IT NOT BELATED TO THE TERM | AINAL DISEASE COND | ITION GIVEN P | N PART 1/01 19 | WAS ALTOPSY |
| E CONTRACTOR CONTRACTOR | CONTRIBUTION TO DEATH OF | THO RED TO THE TERM | MARE DISEASE COME | THOIR GIVER | | PERFORMED7 |
| | | | | | | YES NOX |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | SCRIBE HOW INJURY OCCURR | ED. (Enter noture of injury in | Part I or Port II of it | em 18 j | | |
| 20c TIME OF INJURY Month, Day, Year 20d. | | LACE OF INJURY (Home for | | n) | (County) | (State |
| 20c TIME OF INJURY Month, Day, Year 20d. Hour a.m 19 While p.m 19 | E INDI WILLIE | actary, street, affice bldg., e | (c.) | | | |
| 21. I certify that I aftended the decea | sed from 10/2 | 7 1960 . to | 11/28 | ., 1900, that | I last sow | the deceased |
| olive an ///28 0 , 19 | 60 , and that deat | h accurred at | M. from the co | uses and or | n the date | stated above |
| | | 7" | ADDRESS (Street, cit | | | DATE SIGNE |
| SIGNATURE Y MILETTY V. V. | Wa_ | _M.D | | | 11/ | 28/60 |
| PHYSICIAN'S NAME (Type) TTMOTHY IT THE | AN | 8213 Wisco | nsin Ive. | Pethosa | : MA | |
| 22d. BUR AL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY | | 22d LOCATION (C | | | (Stole) |
| Burial 12/1/60 | Calvary | Cemetery | Pattsv | rile. | Pa | fareral |
| 3. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS / | 24a. REC | 'D BY REGISTRAR | 24b. REGISTRAR | R'S SIGNATURE | |
| KULLOLD W. | Ko-11 1 | | EC 6 160 | 0 11 - | 9 4 | |



| PLACE OF DEATH O COUNTY 7) 10-01 - MARYLANE | 2 USUAL RESIDENCE (Where deceased lived IF institution Residence before admission) o STATE NTY |
|--|---|
| b CITY OR TOWN (If outside confectate limits, write c LENGTH OF STAY IN 1) RURAL and give negrest town. | C. CITY OR TOWN a rimits w to PURAL and give nearest town) |
| d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION The bear of the | d. STREET A IDEA O. 15 RESIDENCE ON A FARM? YES ON NO |
| 3. NAME OF DECEASED (Type or print) Sichard Siggs. | Bright DATE Month Day Year OF DEATH NOV. 6 1960 |
| S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED | 7/19/635 95 yrs Months Doys Hours Min. |
| 10a USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired) | DUSTRY (1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| 13 FATHERS NAME | 14. MOTHER'S MAIDEN NAME |
| 15 WAS DECEASED EVER IN U 5 ARMED FORCES? 16. SOCIAL SECURITY NO 17 (Yes. no or unknown) [If yes give wor or doles of service] | INFORMANT Address Address Address Address Address |
| 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO | 125 cular Accident lonset and Death 20 hrs. |
| gave rise to immediate cause (a), stating the <u>under-lying couse last.</u> (c) | clerosis |
| Ful mondry Edenia | BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? YES NO P |
| GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RRED (Enter nature of injury in Part I or Part II of Hem 18) |
| ZOC. TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e. Hour a. m. p. m. 19 at work of work | PLACE OF INJURY (Hame, farm, 20f (City or fown) (County) (State) factory, street, affice bldg., etc.) |
| 21 I certify that (I) (this haspital) attended the deceased from saw the deceased alive on 100 to 1900, and that | n N w 5 . 1960 to NOV 6 . 1960 that (1) (we) last the death accurred at M, from the causes and an the date stated above |
| 220 SIGNATURE hayse | M D ATTENDING MED DIRECTOR PHYS NO. 160 |
| PHYSIC AN S ONAME (Type) George Sharpe | 10511 Sum mit Art Kensingtan M |
| | eek Gemetery Washington, D.C. |
| 24 FLNERAL DIRECTOR'S SIGNATURE 2901 140PRSS St. N. Washington 9. | D. C. DATE NOV 9 '60 CIRCLA S. KNOWS |

he funeror director, 2 should be filed with after death Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hampers be referred to be the haspital or attending physician.

TO FUNERAL STRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 having first death.

TO FUNERAL VR ATS (4) TSM 9759



ofter death. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, TO 49550

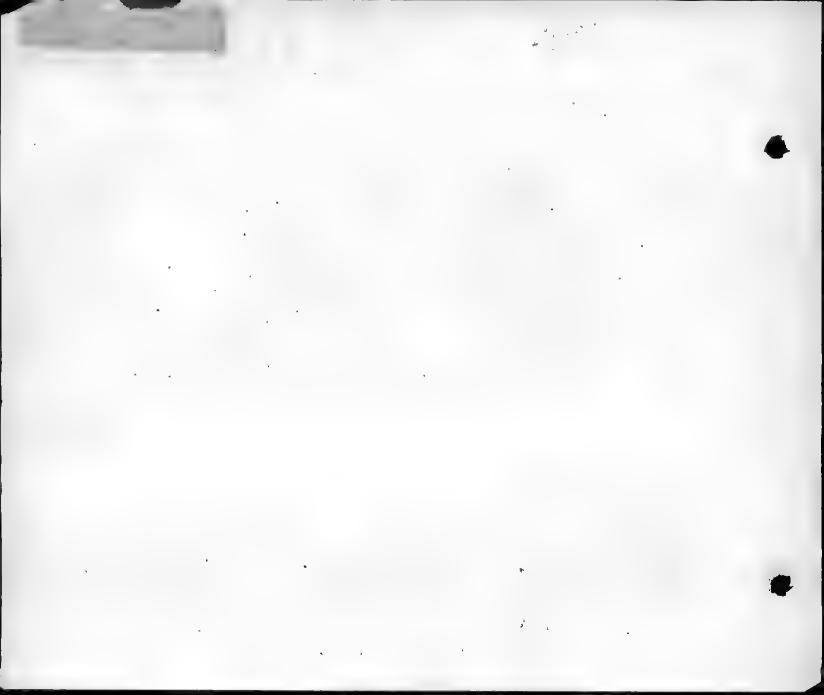
CEDTICICATE OF DEATH

19080

| | 12/// | CERTIFICA | AIE OF DEATH | | Reg. Dist. Na. & UU at |
|----------|--|--------------------|---|-----------------------------------|--|
| 1. | PLACE OF DEATH a COUNTY Mont genery | MARYLAND | 2. USUAL RESIDENCE (Where de o. STATE | P COUNTY | Mentgemen |
| | RURAL gnd give marest lawful | 24 cheep | c. CITY OR TOWN (If autside | carporate limits, write R | URAL and filve nearest touth) |
| | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | d STREET ADDRESS | eton Si | on a farm? YES NO |
| 3. | NAME OF DECEASED (Type or print) Related | Middle | Briggen of | ATE Mon | 12 1960 |
| | M C WIDOWED | DIVORCED _ | 8. DATE OF BIRTH 12 - 30-1912 | 9 AGE (In years last birthday) | If UNDER 1 YEAR IF UNDER 24 HR Manths Days Haurs Min. |
| 10 | a. USLAL OCCUPATION (Give kind of work dane 10b, KIND of during most of working life, even if retired) | F BUSINESS OR INDU | ISTRY 11 BIRTHPLACE (State or fore | le L | 12. CITIZEN OF WHAT COUNTRY |
| 13 | FATHER'S NAME Charles Broken | J | 14. MOTHER'S MAIDEN NAME NOVELLE | 1 But | |
| | WAS DECEASED EVER IN U. S. ARMED FORCES? 76 SOCIAL IS, no., or unknown] (If yes, give wor or detect of service) 2/8. | SECURITY NO. | literte Purle | 1344 D | os he |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) |), (b), and (c).] | iermania. | Bilzle | INTERVAL SETWEEN ONSET AND DEATH |
| | Conditions, if any, which) the Kern | unerel | aronchoge | ric Car | avour |
| | gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO | 12194 | d hung ! | | |
| CATION | PART II OTHER SIGNIF, CANT CONDITIONS CONTRIB | UTING TO DEATH BUT | T NOT RELATED TO THE FERMINAL DI | SEASE CONDITION GIV | YEN IN PART I(a) 19. WAS AUTOPS' PERFORMED? YES NO |
| L CERTIF | 200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HE OF CONTRIBUTING 206 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | OW INJURY OCCURRE | D (Enter nature of injury in Part I o | r Part I of Item 18) | · |
| MEDICAL | | | ACE OF INJURY (Home, form, ctary, street, office bldg., etc.) | (City or town) | (County) (Stot |
| | 21. I certify that I attended the deceased fro | m QCT. /) | 9 , 1960 , to MUT | | that I lost sow the deceased on the date stated above |
| | ACTUAL SIGNATURE LLIZ TO THE LA JOHN | nan | | SS (Street, city or town, | |
| | PHYSICIAN'S NAME (Type) | | | | * 0 |
| 22 | DEMOVAL (Specify) 11-17-60 22c N | THE OF CEMETERY O | OR CREMATORY 22d | OCATION (CITY, TOWN, | or county) (State) |
| 23 | FUNERAL DIRECTOR'S SIGNATURE | DDRESS Pack | ville, Ind DATE NOV 1 | 0.100 | STRÁR'S SIGNATURE |

D HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs may be red by the hospitol or attending physician.

5 FUNER HIRECTOR: After this certificate has been signed by the attending physician and campletely filled it page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs, after death. TO HOSPIT may be r TO FUNERA VS A15 (4) 15M 9/58



VR A15 (4) 15M E/59

MARYLAND STATE DEPARTMENT OF HEALTH 127 DIMISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| | I. PLACE OF DEATH G. COUNTY / / | | 2 USUAL RESIDENCE (Where | | | before admission) |
|-------|--|---------------|-----------------------------------|-----------------------|--------------------|----------------------------------|
| | Montsoneru | WIAKT SAINE | O. STATE | ь. сс | Monte | 20 101 9711 |
| | b. CITY OR TOWN (If autyde carporate limits, write C LENGTH OF RUBAL and give neares) town) | STAY IN 16 | c. CITY OR TOWN (If auts | ide carporate limits, | write RURAL and gu | nearest town) |
| | | aus | Takoma | Park | /~ | > |
| | d. NAME OF HOSPITAL (If not in haspital, give street address) | 7.5 | d. STREET ADDRESS | / 54 / / | | e IS RESIDENCE |
| 43574 | Washington San & Hospin | L. 1 | 7124 1 | Manlo | AND | YES NO DE |
| # = | | Aiddle . | Lost 4 | DATE | 71001 | |
| | DECEASED | / ma m / | 12 | OF DEATH | Month | Day Year |
| - | (Type or print) Lehore () 5 SEX 16. COLOR OR RACE 7 MADDIED NEVER A | Y /YI /V .) | 1 JYOUN | / | VOUI | 2 19 60 TEAR IF UNDER 24 HRS. |
| | The state of the s | | B DATE OF BIRTH | 9. AGE (In lost birt) | 1 1 1 1 1 | ays Hours Min |
| - | | ORCED | 3-29-82 | 75 | yrs | |
| | 10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF 8USIN during most of working life, eyen if retired) | ESS OR INDUS | TRY 11. BIRTHPLACE (State or | fareign country/ | 112 CITIZE | N OF WHAT COUNTRY? |
| | House wife | | Michig | an | <i>U</i> | S. A. |
| 1 | ID. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAM | WE | | |
| Λ | John Hovey | | Mary | Dad | ae_ | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURIT | Y NO 17 IN | FORMANT | 2 , | Address | |
| | No | 10 | S. HOSP. A | ecords | de | |
| F | 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), or | nd (c).] | , , | | | INTERVAL BETWEEN |
| 1 | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) | ration | a faitu | ne - | | ONSET AND DEATH |
| 1 | 1101X DUETO | | | t . | | |
| 1 | Canditians, if any, which) (b) | we the | 1x Den foldien | 1 | | · terys |
| - | gave rise to immediate | 4 | f - | | | |
| - | lying course last | ý | | | | ٤ |
| | / (0) | O DEATH BUT | NOT RELATED TO THE TERMINA | L DISEASE CONDITION | ON GIVEN IN PART I | (a) 19. WAS AUTOPSY |
| | Ď | | nacture or | 4 | Pr | PERFORMED? |
| | | | (Enter nature of injury in For | | 181 | 1.65 [] 1.65 [] |
| | 200 ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJUDIC OF CONTRESUTING 1 AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | JAI OCCORNED | (Citter Marone on Mary Myron | | | |
| | | D 20- 814 | CE OF INJURY (Hame, form | 206 (Cibe or town) | 10.00 | unity) (Stote) |
| | Haur a.m. While Nat while | 1 6 | tary, street, affice bldg., etc.) | and (City of Ideal) | 100 | (355/2) |
| | p. m Y at work at wark | | 7.7. | | Po | |
| | 21 I certify that (I) (this hespital) attended the dece | | | | | , that (i) (we) last |
| | saw the deceased give on Asy 1 1960. | and that d | eath accurred at 1/2 2UM | t, from the caus | es and an the a | |
| | 22a SIGNATURE | | ATTENDING L MED | STAFF | | 226 DATE |
| | Cice mas | ٨ | | CTOR PHYS | | 11/2/61 |
| | 22c, PHYSICIAN'S NAME (Type) FINO MAGI | | 22d. ADDRESS | . Pl. | E C:1 | . (. 19) |
| | | | 110 000 | 15/vol | / | Though 14th |
| | 230 BURIAL, CREMATION, 226 DATE THEREOF 230 NAME OF | F CEMEJERY OF | R CREMATORY 23 | Ed. LOCATION (City, | tawn, or county) | (State) |
| | Bureal Vell 3, 1700 Dugger | Cens | wy. | Allanyy. | Much | rigan |
| | 24 NERA. DIRECTOR'S SIGNATURE ADDRESS | arrivo | S. n. w 250. REC'D | BY REGISTRAR 7 256 | REGISTRAR'S SIGN | IATURE Elaud |
| 1 | T. Estelle Hallele By DAY Wash | instor | 12, D.C. DATE | 1 4 0- | | |



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attendi

by the ECTOR:

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



| 1 | 2112 | | CERTIFICA | (IE | OF DEATH | 1 | | | | 2,10 | |
|-----------------------------------|--|--------------------|----------------------------|-------------------|--|----------------------------|-----------------------------------|-------------|----------|-----------------|--------------------|
| 1. PLACE OF DEATH | | | | | USUAL RESIDENCE (V | Vhere decease | | on: Residei | nce befo | re admiss | iion} |
| o. COUNTY Men | tgomerv | | MARYLAND | | o. STATE Marv]. | and | b. COUNTY | Mont | gome | ry | |
| | f outside corporate limi | ls, write | c. LENGTH OF STAY IN 15 | P | c. CITY OR TOWN (II | outside corpo | rote limits, write RI | URAL and | give nec | rest low | п) |
| RURAL ond give ne | hesda hesda | | ll days | 1 | Chevy | Chase | | | | | |
| | 'AL (If not in hospital, g | ive street | oddress) | 1 | d. STREET ADDRESS | | | | | e. IS RES | SIDENCE FARM? |
| OR INSTITUTION Sub | urban | | | | 6648 | Hilland | lale Rd. | | | | NO X |
| 3. NAME OF | Fir | 12 | Middle | | lost | 4. DATE | Mon | th | Do | у | Yeor |
| DECEASED (Type or print) | Belle | 3 | ${f T}_ullet$ | | Bump | DEATH | 11 | | 2: | S | 1960 |
| 5. SEX | 6. COLOR OR RACE | 7. MARI | RIED NEVER MARRIED | B. D/ | ATE OF BIRTH | | 9 AGE (In years lost birthday) | | | | ER 24 HRS |
| Female | White | WIDOW | ED DIVORCED |] | L1/3/1893 | | 67 yrs | Months | Days | Hours | Min. |
| 10a. USUAL OCCUPATIO | ON (Give kind of work king life, even if retired | done 10b. | KIND OF BUSINESS OR INDU | STRY | 1) BIRTHPLACE (Sto | te or foreign c | ountry) | 12 CIT | IZEN O | WHAT | OUNTRY |
| Housewif | | ' | | | New Yor | k | | | J.S. | Α, | |
| 13. FATHER'S NAME | | | | 14 | I. MOTHER'S MAIDEN | NAME | | | | | |
| William | Edward Tup | per | | | Mar | tha How | we | | | | |
| 15, WAS DECEASED EVE | R IN U. S. ARMED FOR | | SOCIAL SECURITY NO 17. | NFOR | MANT | | Addi | | | | |
| no | | | None Me | erl | e J. Bump, | husbar | nd s | ame a | 15 a | bove | |
| | ATH [Enter only one co | use per li | ne for (a), (b) (and (c)) | B | 1 1 + 1 | () | | | INT | ERVAL BE | DEATH |
| PART I. DEA | TH WAS CAUSED BY: IMMEDIATE CAUSE (c | 10 | MURSHUE | <u>(M)</u> | and a ou | VIIRQ | <u></u> | | LI | | NAU |
| 1 42 | DUE TO | - A | P. 31 1. | 1 | | | | | | 1/ | 0 |
| Conditions, if o | | UU_{i} | NO WOSCULL | $\{\lambda \}$ | July V | J CH | Shi Des | | | 1 | 7 |
| gove rise to i couse (o), stoting | |) | 7 | | | | | | | • | |
| lying cause lost. | (« | :) | | | | | | | | | |
| PART I OTHER | HER SIGNIFICALLY CON | DITIONS | CONTRIBUTING TO DEATH BU | TNOT | T RELATED TO THE TER | MINAL DISEAS | E CONDITION G Y | VEN IN PA | RT 1(a) | 9 WAS | AUTOPSY DRIMED? |
| 3 0 | PONON ON | | CHIMILA. | | | | | | | YES [| I NOVI |
| E 20a ACCIDENT WA | AS UNDERLYING A | 20b. DES | CRIBE HÓW INJURY ÓCCURRI | ED. (Ei | nter noture of injury i | n Part I or For | t II of item 18.) | ry. | | | |
| | MEDICAL EXAMINER) | | | | | | | | - | | |
| 20c. TIME OF INJUR | Y Month, Day, Ye | or 20d. I While | | LACE (octory, | OF INJURY (Home, fo , street, office bldg., e | irm, (20f. (City etc.) | y or town) | • | (County) | | (Stote |
| p.m. | 19 | of wor | | <u> </u> | 2-1 | ((| M | 2 7 | | | |
| 21 J certify the | ıt (I) (N siedrosp jici | l) attend | ded the deceased fram. | 进 | CX00X71 | O.10 | 100013 | 181 | 心, it | ot (I) (| (we) las |
| sow the deceas | sed alive on Al | Bh. S | 64, 19, 60, and that | deat | h accurred 🚭 | 5M, fram | the causes an | nd an th | e date | <u> </u> stated | boye |
| 228 SIGNATURE | | - 0 | 1 210 | | ATTENDING I | MED | STAFF | | H | 1 1/1 | BODATE SUCINER |
| I CHANGE | 2 1 1 | \overline{U} | \sqrt{M} | M.D. | | MED. DIRECTOR | STAFF PHYS - | | , 11 | 90 | 40 |
| - HYSICIAN SI | 多大、 | FR | AY FOR 1 | 13 | 22d ADDRESS (| TN871 | 1 Mase | -15 | <u> </u> | MS | |
| 230 BURIAL, CREMIATIC | N. POL DATE THEREO | OF () | 232. NAME OF CEMETERY | OR CR | EMATORY | 23d. LOÇA | THON (City, town, | or county) | | (5ro | r'e) |
| But Trans | ht 11/2 | 3/60 | Ulysses Co | me | terv | III v | Sees. P | anna | | | |
| 24 Francisco | SIGNATURE | | ADDRESS /// | | 25a RE | C'D BY REGIS | TRAR 255 REG | | | | |
| Seoger ! | ANELPOPE | cey. | 7 Bethesday d | 191 | zyl and DATE | MUIA U | \$0 | arthur | 3. H | tallet. | |

ATTENDING PHYSICIAN- THE law requires that the death contricate be executed within 24 hours attending physician and Then please à or remayal, may be read by the haspital ar attending physician.

TO FUNERAL CRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit, the State Board of Health prior to burial, cremation or remaval. OR ATTENDING FILLSTANDED BYSICIAN.
Id by the haspital or attending physician.
INECTOR: After this certificate has been signed TO HOSPITA

ofter death. Page 1

director

funeral

completely filled Pages 1

ofter death.

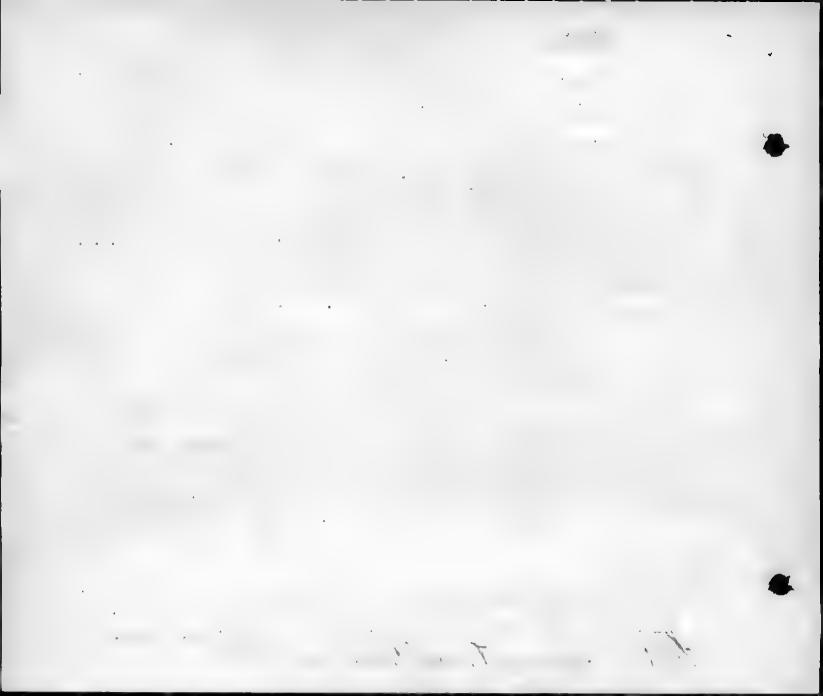
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VR A15 (4) 15M 9/59



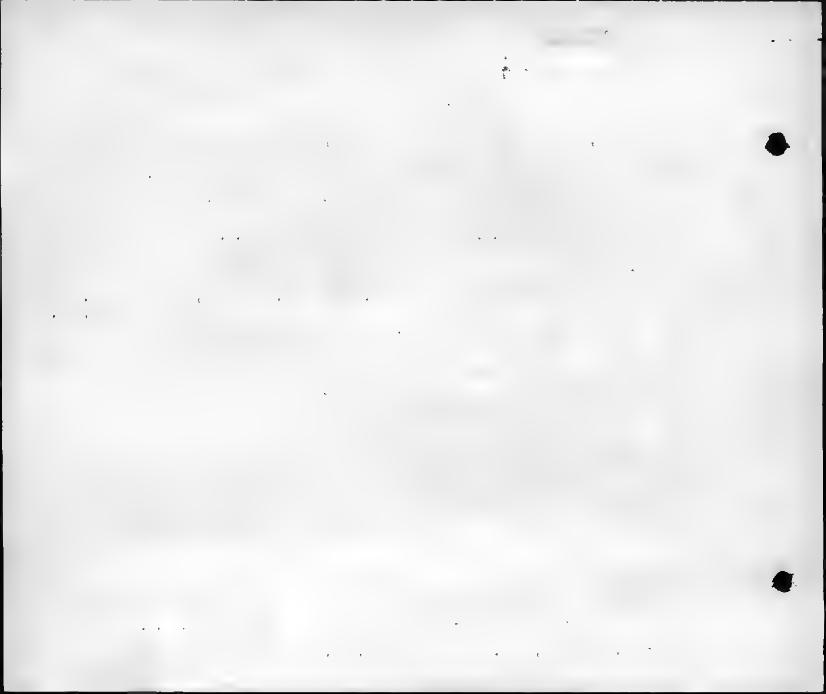
AITENBING PHYDICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITADO

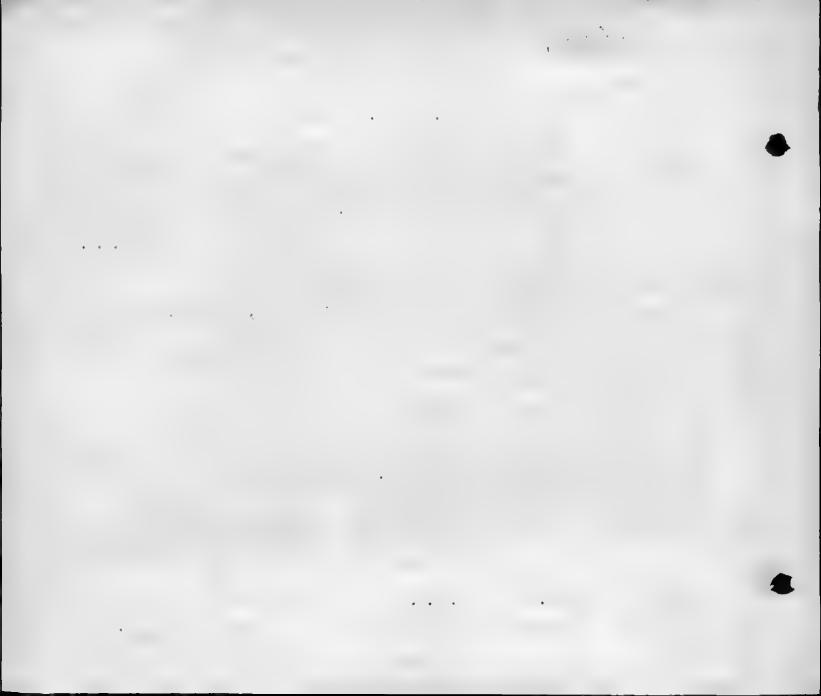
VR A18 (4) 15M 8/59

ofter death. Page 4

| | * | L Co (e) e) | | CEKHILI | CAIE | OF DE | AII | | | | | | |
|---------------|--|--|------------------------------|-------------------------------------|------------|-----------------------------------|---------------------------------------|------------------------|---|------------|------------|------------------------|-------------------|
| 1 | PLACE OF DEATH o. COUNTY MOI | NTGOMERY | | MARYLA | 11 6 | CTATE | RYLA | | d lived IF institut b. COUNT | on Reside | ince befor | e odmiss R Y | ion) |
| | B. CITY OR TOWN (RURA, and give n ROCKV. | If autside corparate limi earest town) | its, write | c. LENGTH OF STAY IN | 16 | CITY OR TO | | utside carpo KVILL | rate limits, write E | RURAL and | give nea | rest lawr | d) |
| | d. NAME OF HOSPI OR INSTITUTION. | TAL (If not in hospital, g 12,815 Cald | ive street we 11 | Street | 1 | 12,315 | | dwell | Street | | | | FARM? |
| | NAME OF DECEASED (Type or print) | PEAR | rst | Middle ELIZABE | TH | BURKI | | 4. DATE OF DEATH | Mo NO | | 16 | / | Year 1960 |
| | SEX FEMALE | WHITE | 7 MARR | ED NEVER MARRIED | - I | TE OF BIRTH /27/85 | | | 9. AGE (In years lost birthday) yrs | Months | | IF UNDI Hours | ER 24 HRS Min. |
| 1 | during mast of war | ON (Give kind of work king life, even if rat red K - retired | 1 4 | KIND OF BUSINESS OR | | WASHIN | | | * * | 12,CI | USA. | WHATC | OUNTRY |
| | JOHN A. SI | EILER | | | 14 | MAGDEL | | | R S | | | | |
| N/ e | NO OF UNKNOW! | R IN U. S. ARMED FOR (If yes, give wor or dates of s | | NONE | 17 INFOR | MANT Raymond | J. | Green | i.ch, 332 | d Cla | | • M3 | |
| | | immediate (| <u>;</u> <u>S</u> | re far (0), (b), and (c). | l al | n I don | he | m l | hage | ma | INT | RVAL BE ET AND | |
| ATION | cause (a) stating lying cause last. PART II OT |) (c | :) | CONTRIBUTING TO DEAT | H BUT NOT | RELATED TO TI | HETERMI | NAL DISEAS | E CONDITION G | VEN IN PA | RT 1(a) 1 | 9 WAS PERFO YES | AUTOPSY RMED? |
| CERTIFICATION | 200 ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY | AS UNDERLYING DEATH MEDICAL EXAMINER) | 206 DES | CRIBE HOW INJURY OCC | URRED. (En | iter nature of i | njury in l | Part I ar Par | t II af (tem 18) | | | | |
| MEDICAL | 20c TIME OF INJUI Hour o m. p. m. | RY Manth, Day, Ye | ar 20d fl While at war | Nat while | | OF INJURY (Ha street, affice b | | | ar Igwn) | | (County) | | (State |
| | | F .* | - k / k | led the deceased fr 1960 and the | | | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | M, from | the causes a STAFF PHYS. The la | | | stated | |
| 230 | BURIAL, CREMATIC REMOVAL (Specify BURIAL | 236 DATE THERECO | | MT. OLIVET | CEME | EMATORY TERY | | | TION (City, tawn, NGTON, D | | | (Stat | e) |
| 24, | EUNERALD RECTOR PARNER E. | PUMPHREY: | INC. | SILVER SP | RING, | MD. | | D BY REGIST | | istrar s s | | | |



| 4 | 1 | er | 18 Film 276 18-MARYLAND STATE DEPARTMENT OF HEALTH |
|--|-------------|---------------|--|
| - 1 | | | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |
| -FOR STA | ITE | | 12773 MEDICAL EXAMINER'S CERTIFICATE OF DEATH |
| HEALTH D | EBI. | | PLACE OF DEATH COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 C. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission e. STATE C. STATE Maryland Montgomery C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) |
| y is necessarial for your search of | 7 | | write RURAL and give nearest town) Olney d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Montgomery General Hospital Sandy Spring STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO N |
| the furnities of the State | · | | NAME OF First Middle Last 4. DATE Month Day Yeer DECEASED OF |
| d 3 to lay be with the | | l _ | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. |
| 1, 2, ange 5 mage 5 mand 2 | | 1Da | MALE Negro WIDOWED DIVORCED 1 4/1/00 yrs. 7 8 I. USUAL OCCUPATION (Give kind of work needed) IDb. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY needed in the state of the state |
| 24 hour e Pages 1M3. Pages 1 within | (1, | 13. | FATHER'S NAME Unknown 14. MOTHER'S MAIDEN NAME |
| within 2 18. Give form P iit. File | | 15. (Ye | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give we ror deteasof service) |
| n frem in with it perm | | | 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. PART I. DEATH WAS CAUSED BY. PROPERTY OF THE PROPERT |
| De exceed by the second of the | | | 527.0 Due to |
| iding" in inter's Officer's Officers | | | Conditions, if any, which gave itse to immediate cause (a), stating the underlying cause last. (b) Fulmonary Atalectusis & edema DUE TO |
| is certific ford "per af Exami is be used | 7 | CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:4) 19. WAS AUTOPSY PERFORMED? YES \[NO \[\] |
| TER: The waff Medical Should are | | 1 - | 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I of Part II of Idem 18.) PR.MARY II or CONTRIBUTING Died while undergoing right inguinal hernia repair under ether anesthesia. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) |
| XAMIN 9, writing the Chic or to be | i 2 3 | MEDICAL | 20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) tectory, street, office bldg., etc.) tectory, street, office bldg., etc.) |
| Military Edition 19 19 19 19 19 19 19 19 19 19 19 19 19 | 4 | | 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection |
| MEDICA te the cert forwarded I DIRECT | | | ACTUAL SIGNATURE ACTUAL M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| d ba | | | DEPUTY MEDICAL EXAMINER 11/9/60 |
| O DEP Please 4 should O FUN | 1 | 220 | REMOVAL (Specify) Burial 11/11/60 Ash Marjorial Cemetery Sandy Springs **d. |
| VS. A15M5 5M 7/59 | | 23 | ADDRESS ADDRESS 1240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE OF |
| Tho | 13 | I— | 2.12 |



MARYLAND STATE DEPARTMENT OF HEALTH

| . COU | 1.4 | GOMERY | | MARYLA | - 1 | 2. USUAL RESIDENCE (WI o STATE MARYLANI | | 6. COUNTY | on Residence ONTGOP | | odmissi o n) |
|-------------------------------|--|---|-----------------------|---|----------|---|------------------------|-------------------------------|------------------------|--------------|---------------------------|
| | | outside corporate limi | ls, write | c LENGTH OF STAY IN | V Ib | c CITY OR TOWN (IF | · · | limits, write RL | JRAL and g | jive neare: | it fown) |
| | OLNE E OF HOSPITA ISTITUTION | Y L (If not in hospital, g | jive street o | 2 DAYS address) | | d. STREET ADDRESS | SBURG | | <u> </u> | | IS RESIDENCE |
| | MONTGO | MERY GENER | ALHO | SPITAL | <u> </u> | | | | | Y | ES 🗌 HSO [] |
| NAME (DECEASI (Type or | ED | SAMUE | | Middle Buta | ray. | Last | 4. DATE OF DEATH | Mont No.1 | H Vembei | Day | Yeor 19 |
| SEX | | 6 COLOR OR RACE | | NEVER MARRIED | В | DATE OF BIRTH | 9. / | GE (In years put birthday) | IF UNDER | | JNDER 24 HI lours Min. |
| MALE o. USUAI during | L OCCUPATION | WHITE N (Give kind of work ng life, even if retired | done 10b | KIND OF BUSINESS OR | INDUSTR | TENN. | or foreign count | у) | | S. | HAT COUNTR |
| | | | | | | | | | | | |
| . FATHER | 'S NAME | Lum | C. : | buttry | | 14. MOTHER'S MAIDEN I | NAME Y LOUISE | BUTTE | r | | |
| | ECEASED EVER | | CES7 16 | Buttry SOCIAL SECURITY NO | | | Y LOUISE | Addr | | , Ma. | |
| . WAS DI | ECEASED EVER | IN L. S ARMED FOR | CES? 16 ervice) 16 | SOCIAL SECURITY NO | 17, INFO | GETT | Y LOUISE | Addr | ·ess | INTERV | AL BETWEEN |
| WAS DI | ECEASED EVER | IN L. S ARMED FOR Free, give war or defect of the WAS CAUSED BY IMMEDIATE CAUSE (commediate with the under Due To | CES? 16 errors) | SOCIAL SECURITY NO | 17, INFO | GETT DRMANT HOSPITAL | Y LOUISE | Addr | ·ess | INTERV | |
| WAS DI | AUSE OF DEAT PART I. DEAT or rise to im (o), stating the couse last | IN L. S ARMED FOR Free, give wor or defect of the WAS CAUSED BY IMMEDIATE CAUSE (c) Which which the under Due To | inuse per lin | SOCIAL SECURITY NO | 17, INFO | GETT DRMANT HOSPITAL | Y LOUISE RECORDS, | Addr | ess OLNEY | INTERVIOUSET | Jens |
| WAS DI | AUSE OF DEAT PART I. DEAT On the part of | IN L. S ARMED FOR Free, give wor or defect of the WAS CAUSED BY IMMEDIATE CAUSE (c) Which which the under Due To | iuse per lines | SOCIAL SECURITY NO THE FOR (a), (b), and (c)] ULMONA | P. T | GETT DRMANT HOSPITAL TUBERCO | RECORDS, | Addr | ess OLNEY | INTERVIOUSET | WAS AUTOPS |

PR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death. Page **T**ed by the hospital or attending absorbing ely filled in the funeral director, Pages 1 and 2 should be filed with may be read by the hospital or attending physician.

TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled mage 3 should be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages 1 the State Exist of Health prior to buriol, cremation, at removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

TO HOSPIT,

22o SIGNATURE 22c. PHYS CIAN'S NAME [Type]

G. F. MEADORS, M. D.
DATE THEREOF 23c NAME OF COM 23a. BURIAL, CREMATION, REMOVAL (Specify)

Ernest C. Gartner

23¢ NAME OF CEMETERY OR CREMATORY Forest Oak

DAHASCUS, MARYLAND 23d LOCATION (City, town, or county)

STAFF PHYS.

(Stote)

9760

Buris 1 11-10-60

ADDRESS Gaithersburg Gaithersburg

DATE

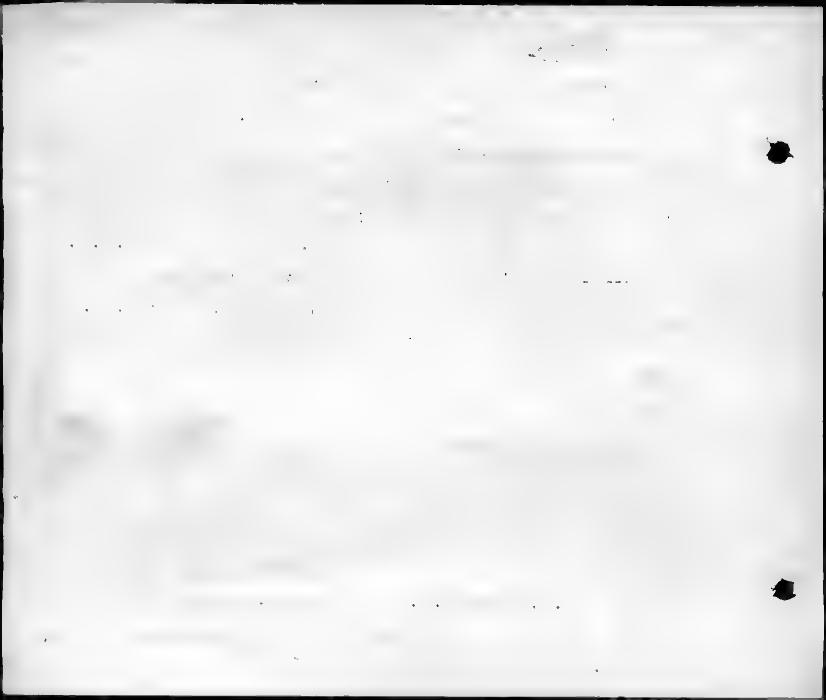
MED. DIRECTOR

ATTENDING PHYS

22d ADDRESS

M.D

C than & thank



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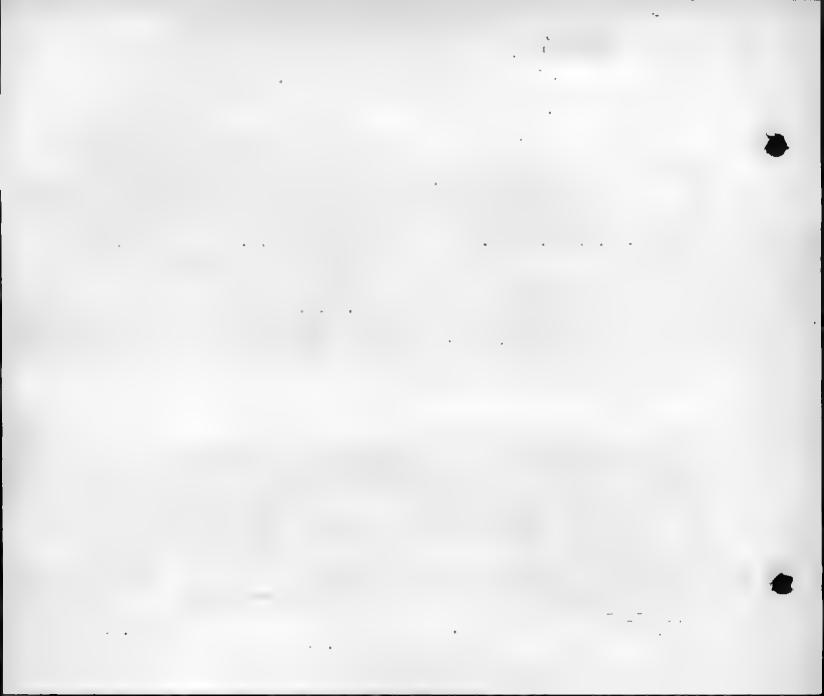
filled completely offer puo 200 R physician 9 within remove attending (please ۵ permit gned ě FUNERA O Poge the Sk 9

VR A15 [4]

1SM 9/59

low requires that the death certificate be

2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) 1. PLACE OF DEATH e COUNTY p. STATE **b.** COUNTY Md_{-} P.ONTGO. JRY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest town) 16 da. University Park d. NAME OF HOSPITAL (If not in hospitot, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION 4314 Colesville Road YES NO WHEA TON NURSING HOME NAME OF Middle DATE First Last Day Year DEATH 1960 (Type or print) Nov 16. 19 CAMPBELL TOS EPH MARRIED NEVER MARRIED M B DATE OF BIRTH Jan 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 18 lost birthdovi Months Days 1890 WHIPE WIDOWED | DIVORCED [MALE 70 yrs 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired, U.S.P.O. Wash, D.C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Campbell Catherine Clancy TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT Address fif yes, give wer or dotes of service? Mrs. M.J. Casev niece no none 1B CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [0] 5 81 **DUE TO** Conditions, if only, which (6) gove rise to immediate DUE TO cause (a), slating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CERTIFICATION PERFORMED? YES TO NO PT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) WEDICAL 20c TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, \$20f. (City or town). (County) (State) Day. Year factory, street, office bldg., etc.) Hour am. White Not while at work at work p m 1860, to_110v_16, 1960, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. If frame 1960, and that death accurred at3 saw the deceased alive an... Afram the couses and an the date stated above. 22b. DATE 220 SIGNATU SIGNED STAFF ATTENDING PHYS. 220 PHYSIPIAN 22d. ADDRESS NAME [Type] pt] 230. BURIAL, CREMATION 235 DATE THEREOF 23d. LOCATION (City, fown, or county) 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Mt. Olivet Cemetery Washington. D.C. 8 24 FUNERAL DIRECTOR'S SIGNATURE Wash . D. C Laso, REC'D BY REGISTRAR Outhor & The was DATE NOV 1



1.1.1.1.17

| PLACE OF DEATH O. COUNTY MODTROBERY | <u>M</u> ARYLAND | 2. USUAL RESIDENCE (Where decease o. STATE District of Column | . b. COUNTY | dence before admission) |
|---|---|--|---|--|
| b. CITY OR TOWN (if autside corporate limit RURAL and give negrest town) Bethesda (Rural) d NAME OF HOSPITAL (if not in hospital, p | 3 days | c CITY OR TOWN (if autside corp. Washington d. STREET ADDRESS | orate I mits, write RURAL on | d give nearest tawn) |
| U. S. Naval Hospital | ina siladi duuress) | No. 1 Port Green | s.W. | ON A FARM? YES NO X |
| 3 NAME OF Fir DECEASED (Type or print) Ke] | | Lost 4. DATE OF DEATH | Month Movember | Day Year 29 19 60 |
| S SEX 6 COLOR OR RACE Female Caucasian | 7 MARRIED NEVER MARRIED | 11-26-60 | | ER TYEAR IF UNDER 24 HRS |
| 100. USUAL OCCUPATION (Give kind of work during mast of working life, even if relired | done 10b, KIND OF BUSINESS OR INDUS | TRY 11. 8IRTHPLACE (State or foreign Maryland 14. MOTHER'S MAIDEN NAME | country) 12 C | U.S.A. |
| James Earl CARPENTER | | Ann Marie MAHAR | | |
| 1S. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no. or unknown) (If yes, give wor or dates of s | | ormant) James E. Carpent | Address CCT, SRIBC 8.5 | #2 above |
| 1 2 1 | CONGENITAL | HEART DIS | | PERFORMED? |
| 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 206 DESCRIBE HOW INJURY OCCURRED | | | YES 🔣 NO 🗌 |
| 20c TIME OF INJURY Month, Day, Yes | ar 20d INJURY OCCURRED 20e. PU While Not while of work all wark | CE OF INJURY (Home, form, 20f. (Citary, street, affice bldg , etc.) | ty ar town) | (County) (State) |
| 21 I certify that (1) (this haspital saw the deceased alive on. No 22a SIGNATURE LLLT 22c PHYSICIAN'S NAME (Type) Robert V | V. 29 1960 and that de Property of Rack IT, MC, USN | eath accurred at 38PM from ATTENDING MED DIRECTOR DIRECT | the causes and an t | the date stated above. 22b DATE SIGNED 11-30-60 |
| 23g BUR AL, CREMATION, REMOVAL (Specify) Burial 12-2-60 | | | ATION (City, town, or count rlington | y) (Stote) Virginia |
| 24 FUNERAL DIRECTOR GHATURE | Denaphress Arlingte, 3901 N. Fairfax | on, Va. 250. RECTURY REGI | STRAR 2Sb REGISTRAR'S | |

i hertineral director, and 2 shopfd be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be read by the hospital ar attending physician.

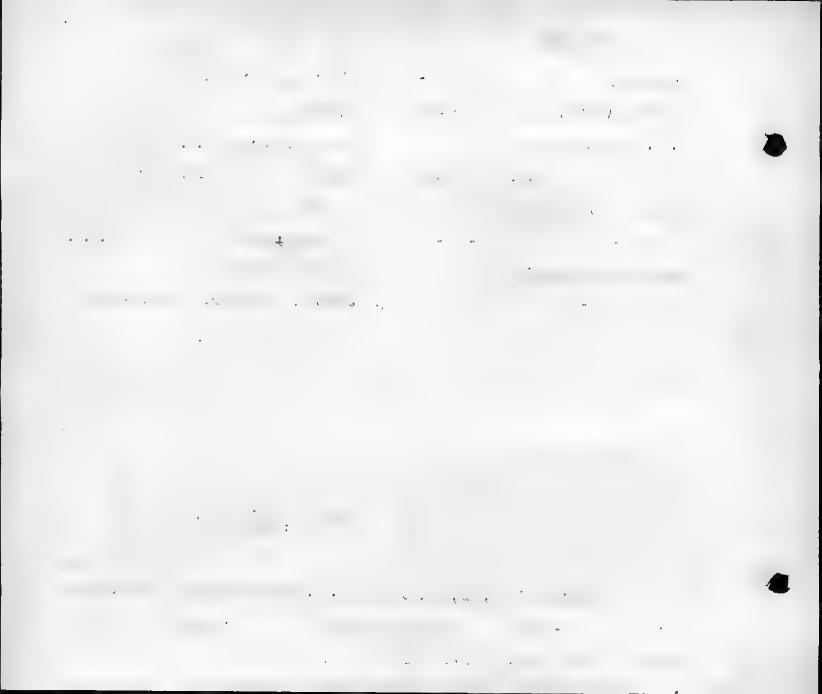
TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and campletely filled it page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death

filed with

ofter death Page 4

VR A1S (4)/ 15M 9/S9 11:50

(3



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DESIGN MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) director, Page or your files. is necessary, lirector, Page e. COUNTY a. STATE b. COUNTY MARYLAND MONTGOMERY MONTGOMERY b. CITY OR TOWN (if outside corporate limits. e LENGTH OF STAY IN 16 c. CITY OR TOWN (II ouls de corporate I mils, write RURAL end give neerest town) write RURAL and give nearest town) OLNEY, MD. DO A
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gave street address) ROCKVILLE b d. STREET ADDRESS MONTGOMERY GENERAL HOSPITAL 3. NAME OF Fares Middle DATE DECEASED OF offer death. If an 2, and 3 to the ÷ (Type or print) DEATH CHARLES HAIG NOVEMBER with 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH 5 SEX 9. AGE (In years IF UNDER 1 YEAR) 2 with and 2 w lest birthdey) Months DIVORCED 6/25/1888 MALE 10a LSLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (State or foreign country) Page done during most of working life, even if retired] in pencil in Item 18. Give Pages MECHANIC pages 1 within MASSACHUSETTS form PM3. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOHN I. CAIG DELIA A. CUMMINGS This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO) 17. INFORMANT Address (Yes, no, or unknown) (If yas give wer or detes of service) ¥ ĭ ¥ HOSPITAL RECORDS. OLNEY, MD. 18. CAUSE OF DEATH [Enter only one cause per line for [e], [b], end [c], Examiner's Office along a used as a buriel-party PART I. DEATH WAS CAUSED BY: 2 IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying causa fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY CERTIFICATION cremati 28 are the certificate, writing the word Medical should 20a. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part f or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. forwarded to the Chief I. DIRECTOR: Page 3 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) Month, Dev. Yeer factory, street, office bldg., atc.) While Not While 0 Hour a.m. at work at work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry Natural causes / Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURÈ DEPUTY MEDICAL EXAMINER Y **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) DEPL please ey 228 BURIAL, CREMATION, 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, of country) 3 Hockwill muion REMOVAL (Specify) O 40 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Chilling S. Fireus

e. IS RESIDENCE ON A FARM? YES NO

1960

IF LNDER 24 HRS.

Hours T M'r.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(State)

and in my opinion

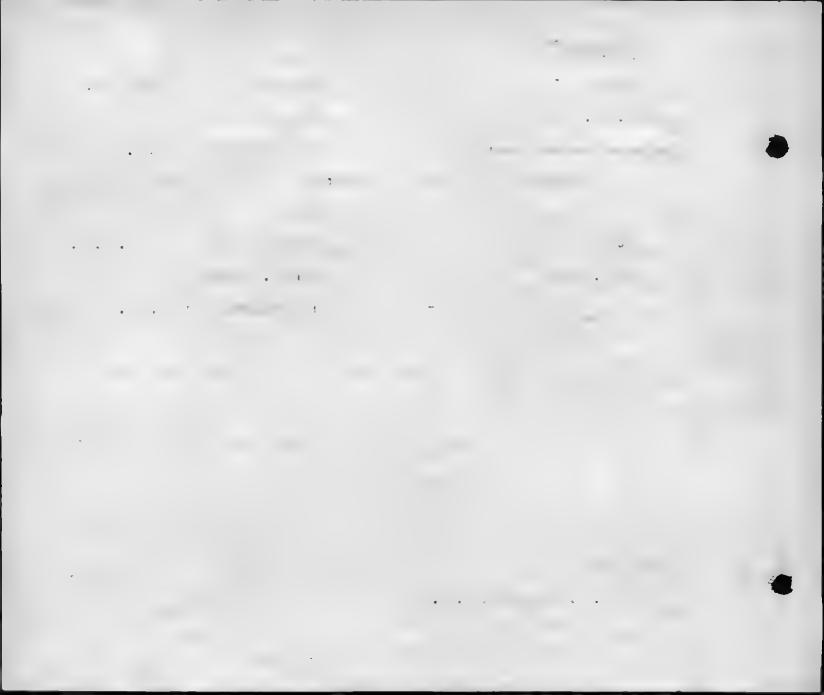
DATE SIGNED

11/23/60

U. S. A.

(County)

V5. A15ME 5M 7/59



after death. Page

haurs

24

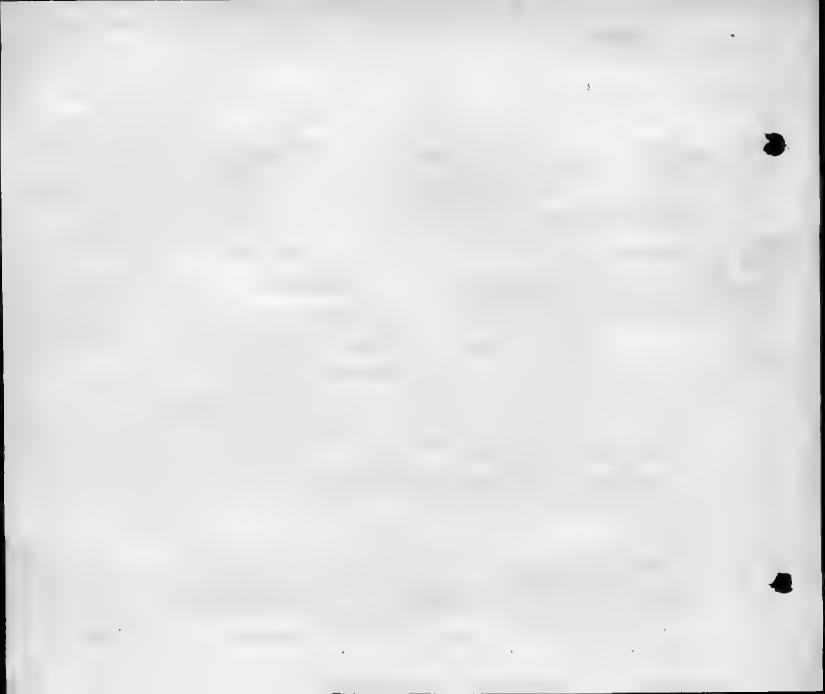
requires that the death certificate be executed

4. 4. 2 4 and the second second second second 4 20 42)

- 1

BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution; Residence before edmission) e. COUNTY Page Health, e. STATE b. COUNTY files. MARYLAND b. City OR TOWN (if out de corporale c. LENGTH OF STAY IN 16 (If oulside corporate limits, write RURAL and give pearest town) director. nearest town) 10 . IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED OF (Type or print) DEATH 9. AGE (In years | IF UNDER TYEAR) 1960 IE LINDER 24 HRS last birthday) WIDOWED DIVORCED 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) HOME PM3. ARMED FORCES? 16. SOCIAL SECURITY NO.1 no, or unknown), (If yes give veror dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN Office along v ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) **DUE TO** Conditions, If eny, which (6) geve rise to immediate cause DUE TO (a), stelling the underlying causa lest. PART II, OTHER S.GN.E.CANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e, 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremat 5 should 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING [CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (State) fectory, street, office bidg., etc.) While Not While Hour a.m. forwarded to the L DIRECTOR: Pa at work at work 21. I certify that I took charge of the remains described above, held an Autopsy [7]. Inspection Inquiry 📉 and in my opinion death resulted from: Natural causes V Accident Suicide Homicide. Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEPU 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION . 1 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) RANS. & BURIAL 11/16/60 Beech Grove Cemetery 40 Pomeroy. Meigs County, Ohio 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE SILVER SPRING, MD. VS. A15ME 5M 7/59 DATENOV 1 7 '60 arthur & Thank

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYEAND HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) cessary, or. Page a. COUNTY b. COUNTY files. MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mils, write RURAL and give merast town). Write RURAL and give Fearast town) R INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF Midd.a. Year DECEASED (Type or print) DEATH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS NEWER MARRIED T last birthdoy) Months DIVORCED UPATION (Give kind of work 1 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages PM3 3. FATHER'S NAME S. ARMED FORCES? (If yas giva war or datas of sarvice) W H 18. CAUSE OF DEATH | finish only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office al **DUE TO** gava risa to immadiala causa DUE TO (a), stating the undarlying cause last. (c) PART I. OTHER S GN.F. CANT COND. TIONS CONTR. BUT. NO T DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. TION GIVEN IN PART 118 19. WAS AUTOPSY PERFORMED? Crema NO CERTIFIC 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury In Part Lor Part Lof Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 1 20f., (City or town) (County) (State) While factory, streat, office bldg., etc.) Not While at work at work prior CTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry 💢 , and in my opinion ageni, death resulted from: Natural causes Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 22. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 40 Burial Silver. 23. FUNERAL DIRECTOR 4a, REC'D BY REGISTRAR I VS. ATSME Robert A. Pumphrey Bethesda.Maryland NOV 1 4 '60 arthur S. Thank 5M 7/59



2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)

VR A15 (4) 15M 9/59 PLACE OF DEATH

| | · country | MARYLAND | STATE MOTION | 6 COUNTY | Montgomery |
|----------|--|-----------------------------|---------------------------------|----------------------------------|---------------------------------|
| | b. CITY OR TOWN (if duts de corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF o | utside corporate limits, write R | URAL and give mearest town) |
| | Takemo Park | 10 0045 | Takoma | Park | 75 |
| Nº 1 | d. NAME OF HOSPITAL (If not in hospita, give street OR INSTITUTION | | d STREET ADDRESS | 1 DVa | o IS RESIDENCE ON A FARM? |
| 0/5 | Washing Ton Jan 1270 | | 40/1 | IM ITVE- | YES NO |
| Ė | 3. NAME OF DECEASED (Type or print) | Widdle Middle | C SOD | 4. DATE Mon | 1 - 29 - 1960 |
| 0 | 5. SEX 6 COLOR OR RACE 7 MAR | RIED NEVER MARRIED | B. DATE OF BIRTH | P. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS |
| offer | Fimile white WIDOW | ED DIVORCED | 7-13- | last birthdoy) yrs | Months Days Hours Min. |
| 212 | 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | . KIND OF BUSINESS OR INDU | TRY 11. BIRTHPLACE (Slote | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 2 - | H W: | | New | YORK | usa |
| 2/- | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | IAME | , |
| (I | Wn. Henry Dean | | EIL | a Hollister | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give wor or dates of service) | SOCIAL SECURITY NO. 17. II | FORMANT R | Add | ress |
| ò | | | CEDUST HER | crds | |
| 6 | 18. CAUSE OF DEATH (Enter only one couse per I | ine for (o), (b), and (c).] | - 1 | 0 | ONSET, AND DEATH |
| 9 | PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | Cardi | ac fact | ur | 10 days |
| Š | L + v DUE TO | ato: 10 | 1 fo 1 | and I ton | . 11 |
| jo. | Conditions, if any, which) (b) | anunda | cerotit m | iars distag | d. Unangum |
| emo | gove rise to immediate Couse (a), stating the under- | Ceneral's | all nitos | in soluti | y Electron |
| 5 | lying couse lost.) (c) | - Action | to com | ap a Cockette | 2 |
| ů | PART II OTHER SEGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM! | NAL DISEASE CONDITION GIV | PERFORMED? |
| T A | 2 | | | D 4 1 6 1 - 10 1 | YES NO B |
| e . | OR CONTRIBUTING CAUSE OF DEATH | SCRIBE HOW INJURY OCCURRE | 3. (Enter noture of injury in t | fort I or Part II of Item IB.) | |
| 2 | | | ACE OF INJURY (Hame, farm | 20F (City or town) | (County) (State) |
| 2 | Hour o m. 19 While of wo | (AO) A(IIIG | | ' | |
| סויס | 21. I certify that (I) (this hospital) atten | ded the deceased fram. | 11/19 19: | 6. to 11/29 | , 19_620, that (I) (we) last |
| <u>=</u> | saw the deceased alive an/// ~ / | 1960, and that a | eath accurred at | M, from the causes ar | nd an the date stated above. |
| ot Hecli | 220 SIGNATURE | | | | 226 DATE |
| to | | unfol | M.D ATTENDING ME | ED. STAFF RECTOR PHYS | 11/29/60 |
| Boord | 22c. PHYSICIAN'S NAME (Type) = /// // | 1101 | 22d ADDRESS. | Olog E | bloom frag , Mid |
| State | 23g BURIAL CREMATION 236 DATE THEREOF | 23c NAME OF CEMETERY/C | R CREMATORY | 23d_LOCATION (City town, | or county) (Stole) |
| he S | BURIAL DEC, 2, 196 | O GEORGE WA: | HINGTON | PRINCE GEO | , COUNTY MD |
| | 24 FUNERAL DIRECTOR'S S GHATURE | ADDRESS | 25a. REC'I | D BY REGISTRAR 256 REGI | ISTRAR'S SIGNÂTURE |
| | 10struel 10 holles 25211 | 111 2 VV 07 3/11 | TILCL HEATE DI | 50.0 100 | |



the funeral director and 2 should be fifed will physicial and campletely filled may be ed by the haspital or altending physician. TO FUNERAL SIRECTOR. After this cert ficate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please regave sorban papers. Pages 1 the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours after death

OR ATTENDING PHYSICIAN; The law requires that the death conficione be executed within 24 hours after death. Page 4

TO HOSPIT

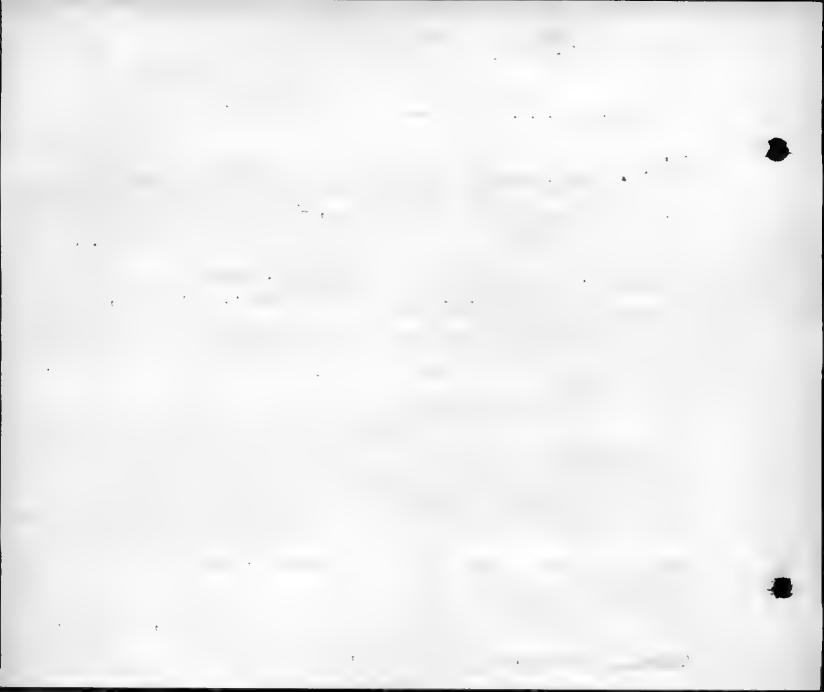
VS A15 (4) 1SM II/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12779

CERTIFICATE OF DEATH

12683 Reg. Dist. No.

| 1, PLACE OF DEATH C. COUNTY 1 termery MARYLAND | 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) ONTARY 1914 b COUNTY Mont comery | | | | | | |
|---|--|--|--|--|--|--|--|
| b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest town) Gaithershure, R.F.D. 1 Month | c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Dickerson, | | | | | | |
| d NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION | d Street Address • Is residence On a Farm? Yes \[\] No \[\] | | | | | | |
| NAME OF First Middle OFFICEASED (Type or print) William Joseph Clements | Last 4 DATE Month Day Year OF DEATH November 30 1960 | | | | | | |
| | 8. DATE OF BIRTH 9. AGE (In years of LNDER LYEAR IF UNDER 24 HRS of Lost birthday) June 6-1882 78 yrs Months Days Hours Min. | | | | | | |
| 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) | STRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? | | | | | | |
| Roticed Farmer | Maryland U.S. 14 MOTHER'S MAIDEN NAME | | | | | | |
| (New year continuous) . Of the second of section of section | Nellie M.Nicholson NFORMANT Address Mrs Romina Kibler, Gaithersburg, Marvland | | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) | Occlusion Interval Between ONSET, and DEATH | | | | | | |
| Conditions, if ony, which gove rise to immediate couse (a), stating the under: Automorphism Automorphism Automorphism Automorphism | 1 arleriosclerosio 6. peac | | | | | | |
| TATK | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO | | | | | | |
| | D. (Enter nature of in vry in Part 1 or Part H of item 18.) | | | | | | |
| | ACE OF INJURY (Home, form, 20f (City or lown) (County) (State) ctory, street, office bldg , etc.) | | | | | | |
| 21. I certify that I attended the deceased from 144 alive on Nev 29, 1960 , and that death ACTUAL SIGNATURE VELLEGY E. Matters | n occurred of SUP M, from the couses ond on the dote stoted obove ADDRESS (Street, city or town, state) Dec 1 - 60 | | | | | | |
| PHYSICIAN'S Vernon E. Martens | maryland. | | | | | | |
| 220 BURIAL, CREMATION, 226. DATE THEREOF TO NAME OF CEMETERY O MONOCACY | R CREMATORY 22d LOCATION (City, town, or county) (Stote) Beallswille, Maryland | | | | | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barnesvil | 1e, Md 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 6 160 | | | | | | |
| | Colon S. Times | | | | | | |



While Hour p. m Not while at work of work saw the deceased alive an 220 SIGNATOR 72c PHYSICIAN'S

O and that death accurred at 7/A M, from the causes and an the date stated above. ATTENDING DIRECTOR [PHYS. M.D. 22d. ADDRESS

206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18)

4709 Montgomery Lane, Bethesda Md

(Stote)

6.4hat (1) (we) lost

226 DATE

60 SIGNED

23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

ADDRESS

Pumphrey Bethesda, Maryland

Suitland, Maryland

STAFF

PHYS

250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE C. Thung & Throng DATE

23d LOCATION (City, town, or county)

PLACE OF DEATH o COUNTY b CITY OR TOWN (If outside corporate limits, write Male during most of working life, even if retired) 13. FATHER'S NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? CAUSE OF DEATH [Enter only one couse per ting for (o), (b), and (c)] couse (o), stating the underlying couse lost. 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

physicio геноме attending | ease ם c á gned per been si burial-transit certificate ‡ 03 hed far

DIRECTOR:

VR A15 (4)

15M 9/59

Board

page 3 sh the State (TO FUNER

3 should

director, iled with Page

oges

papers.

pup

aw requires that the death certificate

death

affe

ofter death. uneral

RURAL and give negrest town) Bethesda d NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION Suburban Hospital NAME OF DECEASED (Type or print) 6. COLOR OR RACE

19780

White

Montgomery

First William

Middle B. DATE OF BIRTH MARRIED | NEVER MARRIED | WIDOWED TO

16 SOCIAL SECURITY NO.

20d. INJURY OCCURRED

MARYLAND

c. LENGTH OF STAY IN 15

days

DIVORCED [10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) Own Business

Pittsburg. Pa. 14. MOTHER'S MAIDEN NAME

4705 De Russey Parkvay

OF DEATH

4. DATE

2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss on

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)

b. COUNTY

Month

Address

Months

November

9. AGE (In years

lost b rthdoy)

82

U.S.A.

Montgomery

e IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO DE

(Stote)

ON A FARM?

YES NO T

Year

1960

Mary Jane McCauley

Cole

17 INFORMANT

208-01-8779 is Gretchen Cole (daughter)

20e, PLACE OF INJURY (Home, form, , 20f. (City or town)

19 4 Cha /

factory, street, office bldg., etc.)

Cerebral vascular accident

*4*arvland

Chevy Chase

d STREET ADDRESS

See Iten 2

(County)

PART I. DEATH WAS CAUSED BY. DUE TO Conditions, if any, which gove rise to immediate

20c. TIME OF INJURY Month.

NAME (Type)

REMOVAL (Specify)

Cremation 24 FUNEBAL DIRECTOR'S SIGNATURE

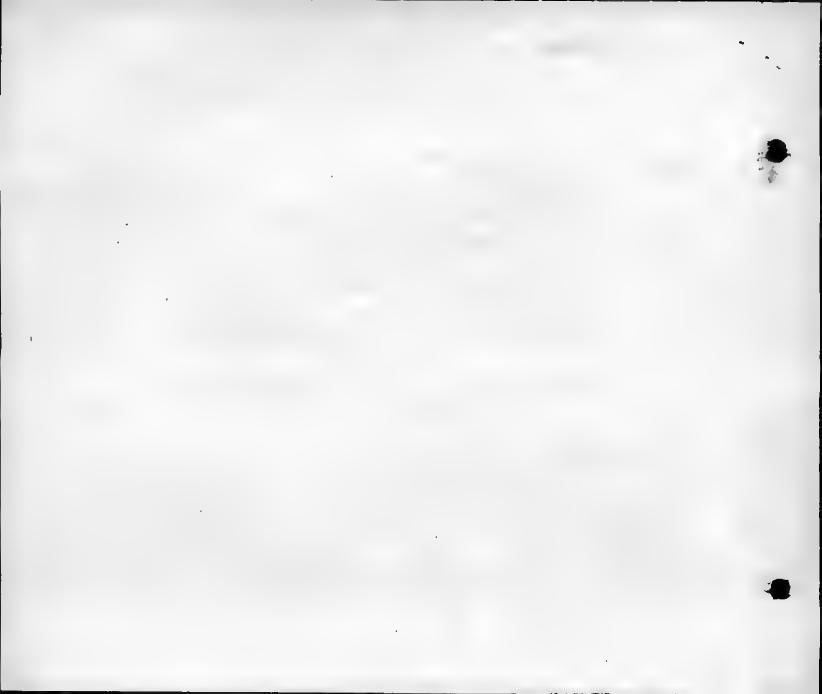
David Cole

DUE TO

Day, Year

Paul D. Cantor

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12705 CERTIFICATE OF DEATH Reg

12685

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased rived If institution; Residence before admission) D. COUNTY D. STATE b. COUNTY MARYLAND b CITY ON TOWN (If outside corporate limits, write RURAL and give nearest town) Montanhoemy c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 d. STREET ADDRESS d, NAME OF HOSPITAL (If not in hospital, give street address) der e IS RESIDENCE or institution Washington San. & Hospital ON A FARM? 45-02 Mahan Rd YES NO SE NAME OF Middle 4. DATE Month Day Yeor DECEASED OF (Type or print) 1960 Elmek Colling woon 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Doys 04 WIDOWED | DIVORCED | yrs. male 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) W1. Dang most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? The Ossa. PResc Vashinatan BOTO OPERATOR ATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address 366-10-2197 INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) # 102 GAT 1515 **DUE TO** AKCOAGAE Conditions, if any," which gove rise to immediate DUE TO CARCINAMATASIS couse (a), stating the underlying couse lost PART L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, 20d. INJURY OCCURRED (Stote) Day, Year (County) factory, street, office bldg., etc. Hour a. m. While Nat while of work of wark p. m. 21. I certify that I offended the deceased from OCT 12 _____ 1960, to walk 25 . 1960 that I last sow the deceased 1960, and that death accurred at 330 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b DATE THEREOF 220 BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) 1/28/60 PARKLAWN CEMETERY MONTGOMERY COUNTY, MD. 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR DATE DEC 1 SILVER SPRING, MD. Circhia S. Frank

VS A1S (4)

director

funeral

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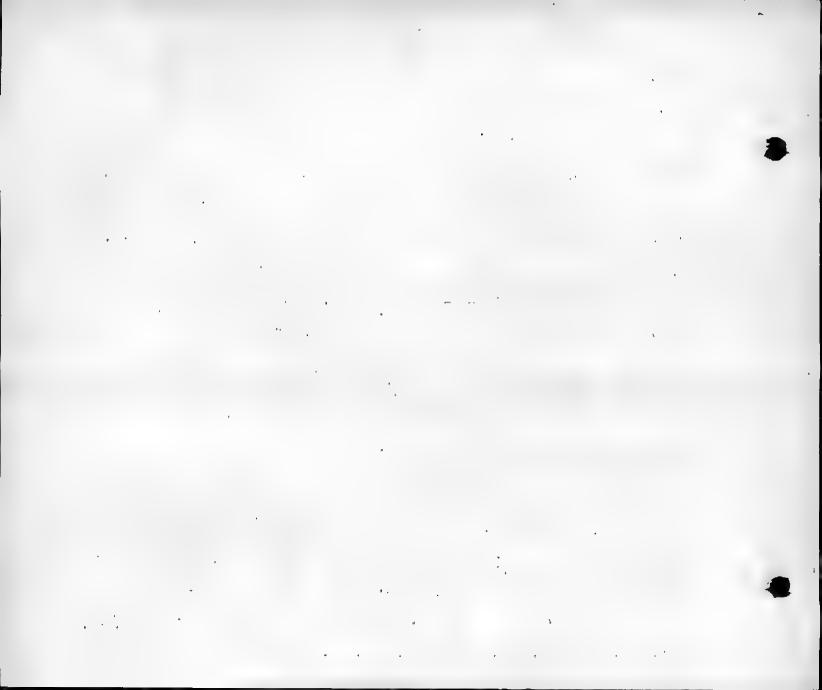
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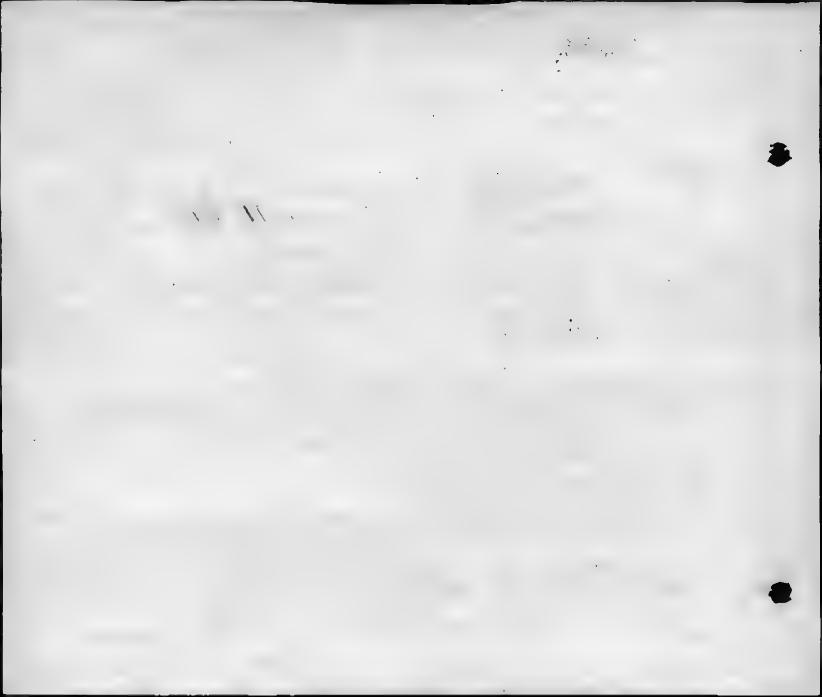
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AARYLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** Division of STATISTICAL RESEA HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if Institution, Residence before edmission) ay is necessary, all director, Page of for your files. Board of Healt! B. COUNTY a. STATE MARYLAND b. CITY OR TOWN fill outs da c. LENGTH OF STAY IN 16 obtside corporate limits, write RURAL and give scerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) . IS RESIDENCE ON A FARM? YES NO Y 3. NAME OF DATE DECEASED OF the (Type or print) DEATH AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with Months WIDOWFO does during thost of working life, even it retired 12. CITIZEN OF WHAT COUNTRY? " in pencil in Item 18. Give Pages 1, Office along with form PM3. Page burial-transit permit, File,pages 1 ar within 1 6. SOCIAL SECURITY NO. or unknown (Ifyergivewerordates of service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWIEN E ONSET AND DEATH DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUÉ TO** Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying 10 cause last. pesn PART II. OTHER 5 GN & CANT CONDITIONS CONTRIBLTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1.6) 19, WAS AUTOPSY CERTIFICATION PERFORMED? ute the certificate, writing the word NO A plnous 2Da EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. Chief MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (State) factory, street, office bldg., etc.) Not While be forwarded to the C at work at work prior 21 I certify that I took charge of the remains described above, held an Autopsy Inspection ... Inquiry M. and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide [Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) DEF THEREOF (State) REMOVAL (Specify) 40 5 23. FUNERAL DIRECTOR 24a, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 PNOV 2 9 '60 arthur S. Heraux



Items 18&20 Film 278



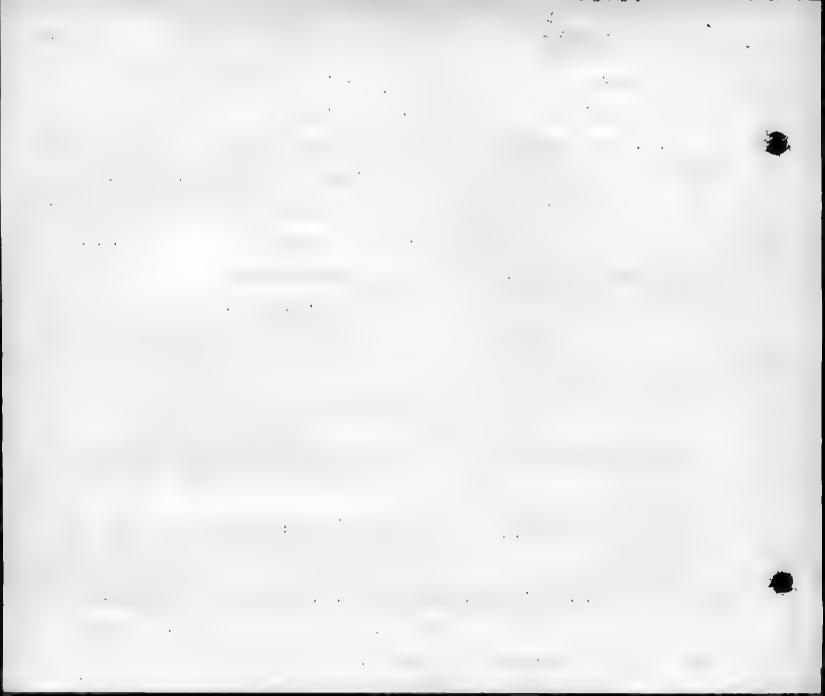
| _ | 12/82 | CEKTIFICA | IE OF DE | АІП | | | | 16 | 003 |
|--|--|---|---|---------------------------|-------------------|-----------------------|---------------------|---------------------------------------|---------------------------|
| PLACE OF DEATH o. COUNTY Montgome | rv | MARYLAND | 2 USUAL RESID | | re deceased (| b. COUNTY | on. Residence | before adn | nission) |
| b. CITY OR TOWN (| If autside corporate limits, write | c LENGTH OF STAY IN 16 | 1 | | tside corporo | la limits, write R | URAL and give | negrest to | own) |
| RURAL and give no Bethesda | / \ | ll hrs. | Spring | field | | | | | |
| OR INSTITUTION | TAL (If not in hospital, give street | address) | d STREET AT | | Ave. | * | 5 | - Oh | RESIDENCE A FARM? |
| NAME OF | First | Middle | Last | | 4. DATE | Mon | th | Day | Year |
| (Type or print) | Infant | Girl | DANIEL | | OF DEATH | Novem | ber | 17 | 19 60 |
| SEX | | RIED NEVER MARRIED [X] | 8. DATE OF BIRTH | | 9 | AGE (In years | IF UNDER 1 Y | EAR IF UN | |
| Female | Caucasian wipow | ED DIVORCED | 11-16-6 | 50 | | lost birthday) yrs | Months Do | ys Hau | ı ı Min |
| USUAL OCCUPATE | DN (Give kind of work done 10b. | - 1 | | | r foreign cou | | 12 CITIZE | N OF WHA | T COUNTR' |
| during most of wor | king life, even if retired) | | Ms | rvlan | А | | 11 | S.A. | |
| . FATHER'S NAME | | | 14. MOTHER'S | - <u>u</u> - | | | , 0. | J. 11. | |
| loval Thoma | o DANTET TR | | 74174 | n Mar | tha El | TTS | | | |
| . WAS DECEASED EVE | IS DANLEL, JK. | SOCIAL SECURITY NO. 17.1 | NFORMANT | TIL LEAL | OLIC. III | Add | 'ess | | |
| res. no. or unknown | (if yes, give war or dates of service) | None (F |)_RT1 | londal | Tra | como a | s #2 a | houre | |
| IB CAUSE OF DEA | ATH Enter only one couse per li | | 1-1141 | variter | رويدں_ور | _same_a | 5_1/L_a | | BETWEEN |
| J | | CONTRIBUTING TO DEATH BUT | NOT RELATED TO | THE TERMIN | IAL DISEASE (| CONDITION GIV | EN IN PART 1 | (o) 19. WA | AS AUTOPS |
| 20- ACCIDENT W | AT CHARDERIANING FT 201 DPC | CRISE HAM INVIVIOUS ACCURRE | D (F-1 | /_1 f= 0- | I B 1 | t of stom IP i | | | NO [|
| OR CONTRIBUTING | AS UNDERLYING 20b DES G CAUSE OF DEATH MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE | D. (Enier noture of | injury in re | an i or Fort i | or isem is.; | | | |
| 20c TME OF INJUI Hour a m p m | RY Manth, Day, Year 20d I White 19 at war | Not white | ACE OF INJURY (F clary, street, office | lome, farm, bidg, etc) | 20f. (City o | r lown) | {Co. | inty) | (State |
| | at 11) (this haspital) attended alive on <u>NOV - 17</u> | ded the deceased from 19_60, and that a | | 9:15 | AM W, from the | lov. 17 | 19.60 d an the c | , t <mark>hat \$t</mark> Jate stat |) (we) la: ed abave |
| 220 SIGNATURE | Brune | | M.D. PHYS. | MED | | STAFF PHYS & | | 11,-] | 226 DATE SIGNE 7-60 |
| 22c. PHYSICIAN'S NAME (Type) | O M DDAMIERWA | TO MO LICH | 22d. ADDRE | | II. an | (+31 D- | دائم د ما د | 343 | |
| 2- P.(DIA) CREATE | C.W.BRAMLETT | LIT, MC, USN | | | | ital, Be | | | |
| Burial, Crematic REMOVAL (Specify Burial | | Arlington N | | l' | | ingtom, | | - | State) |
| 24 FUNERAL DIRECTOR | 'S SIGNATURE | ADDRESS | | 250 REC'D | BY REGISTRA | R 25b REGI | STRAR'S SIGN | | |
| R. A. Pumph | rey Funeral Hor | ne, Bethesda, M | Md. | DATE NO | V 1 8 '6 | J (~ | رکے جستی | - | |

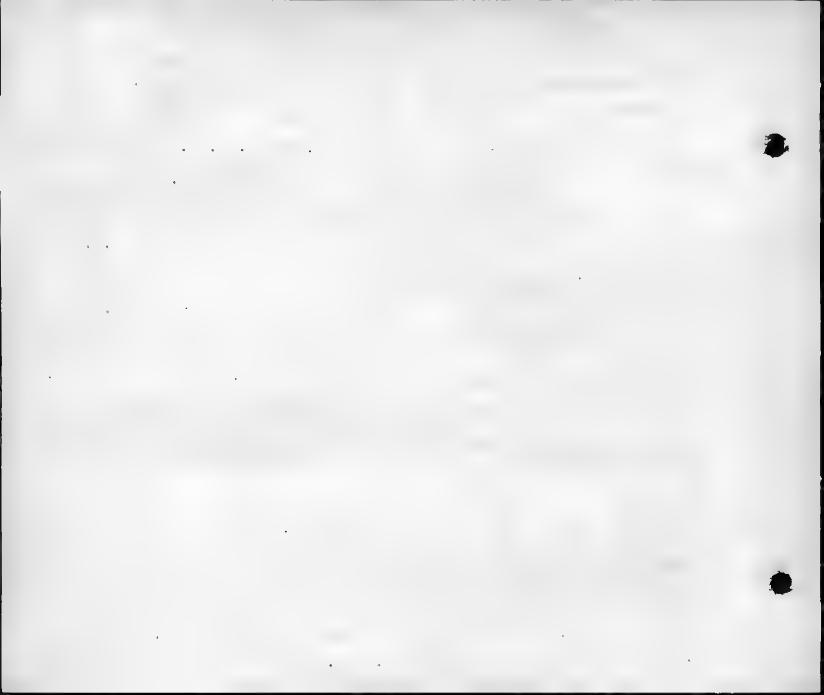
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haumay be relief to the hospital or attending physician.

D FUNERAL PURE ALL PURE ALL PURE ALL PROPERTY After this certificate has been signed by the attending physician and campletely filled in page 3 shaud Be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. TO FUNERAL TO HOSPITAL VR A15 (4) 15M 9/59

funeral director,

ofter death Page 4





12754 **CERTIFICATE OF DEATH** Reg. Dist. No. 12630 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived 11 institution, Residence before admission) o. COUNTY Montgomery o. STATE Maryland filed **b.** COUNTY MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest town)
ROCKVIIIO Years Rockville d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE or Institution ON A FARMT 12118 Galena Road YES NO. Middle 4. DATE DECEASED VITO (NMN) OF DEATH De FILIPPIS (Type or print) November 2nd. 19 60 S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Male White DIVORCED NOV. 21st. 1870 WIDOWEDTT 89 yrs. 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Stone Mason (retired) Construction Italv Italy 쁑 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John De Filippis Mary Manicone 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address John DeFilippis, 304 S. Highland St. Arlington. Va. None None None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO casse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17 WAS AUTOPSY PERFORMED? YES NO IT 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY, OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year (County) (Stote) factory, street, office bldg., etc.) o. m. Not while, at work of work 21. I certify that I attended the deceased from. 4/15 / Se. C., 19____, to__ 12/60, 19____,that I last saw the deceased and that death accurred at 11 14 M, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S Patrick Jameson NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) REMOVAL (Specify) Mount Olivet Cemetery Washington. D.C. Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE W.W.Chambers Co. 517--11th St.S.E.Wash.DC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE TO DEPUT AEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any visinecessary, please exactive the certificate, writing the word "bending" in pencil in item 18. Give Pages 1, 2, and 3 to the full advantage 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

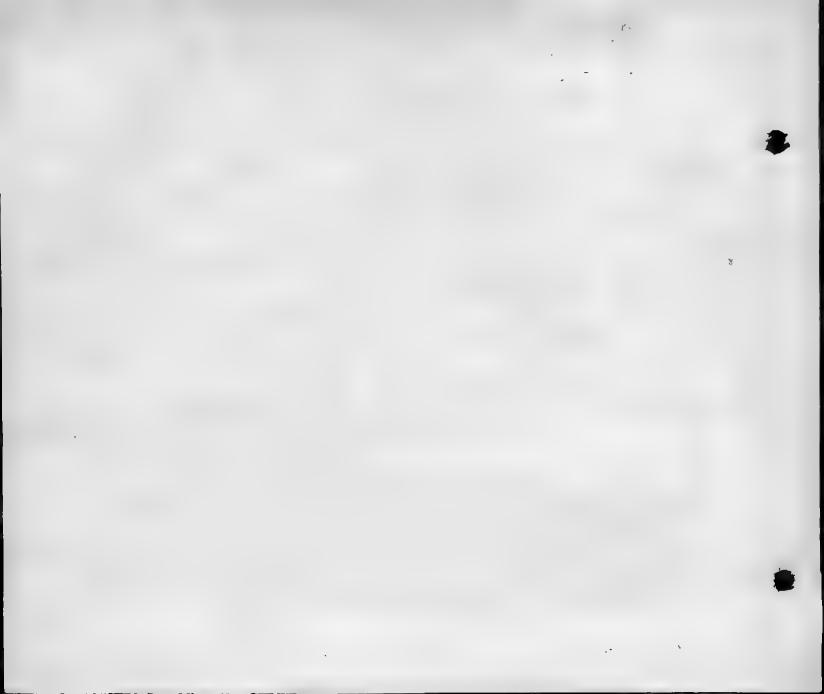
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Me pages 1 and 2 with the State Board of Health, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

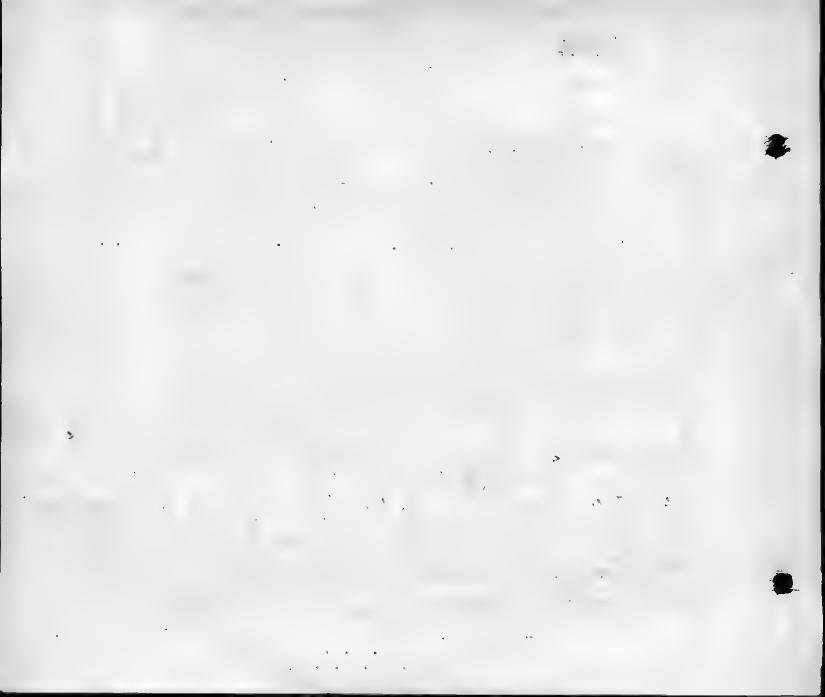
STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
12691

| | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where decreased lived, if Institution, Residence before edmission) |
|---|--|---|
| | o. COUNTY MONTO MARYLAND | a. STATE b. COUNTY may to |
| | b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 | c. C.TY OR TOWN, if outside corporate limits, write RURAL and give nearest town) |
| | write BORAL and give rightest fown) | 8. 0 |
| | d. NAME OF HOSPITAL OR INSTITUTION (I not in hospitat, give street eddress) | d STREET ADDRESS . IS RES DENCE |
| ı | by the Mills I had | ON A FARM? |
| | 3. NAME OF First Middle | Last 4. DATE Month Day Year |
| | DECEASED (Type or print) | OF DESTRICT |
| | - Leneville Cattlee | DATE OF BRITH 9. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS. |
| | 7. MAKRIED NEVER MAKKIED | lest birthdey) Months Deys Hours Min. |
| | 104 USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR | 3-9-32 28 1 |
| | dens during most of work no afer even if retired) | 11. B RTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | School Warter | ma 915 C |
| N | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Л | - Helery Deman | Butha Stewent |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I | INFORMANT Address |
| | CA | Contris Leman - South, R-1 m4 |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) | 1 h |
| | DUE TO | - l non |
| | Conditions, if any, which (b) Brack & ME | mend Thru heart this |
| | gava risa to immadiata causa | |
| | (a), stating the underlying cause last. | |
| | | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY |
| | F | PERFORMED? YES NO T |
| d | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20b. DESCRIBE HOW INJURY OCCURED. (E PRIMARY PO CONTRIBUTING CAUSE OF BEATH. | Inter salure of Injury in Part I or Part II of ilem 18.) |
| | PRIMARY OF OF CONTRIBUTING C P | 1 at bind a sound now live |
| | 20c, T.ME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20d, PLA | CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stets) |
| | Hour will | ory, street, office bldg., etc.) |
| | | rehyard my zin mmy my |
| | 21. I certify that I took charge of the remains described above, he | |
| | death resulted from: Natural causes, Accident, Suici | |
| À | ACTUAL A 1 B 1 1 | CHIEF MEDICAL EXAMINER |
| Y | SIGNATURE Many Morthur | M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| | EXAMINER'S FLAUR T BLACKET | L DEPUTY MEDICAL EXAMINER A 11-13-60 |
| | NAME (Type) 122 BURIAL CREMATION 1 22b. DATE THEREOF 1 22c. NAME OF CEMETERY OR | Address (Street, city, town, or country) (CREMATORY 22d, LOCATION (City, town, or country) (State) |
| П | (REMOVAL (Specify) 11-16-60 (9) 6. | Drove Lostonsvelle MA |
| | 22 FUNERAL DIRECTOR ADDRESS | 249. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE |
| | CVC APX 00 PC 00 | 2m 1 NOV 18'60 OFFLOR 8 45 |
| | Mould of Anoroden - Vockselle | OTT & J DATE |





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 FOR STATE FilmG275 11-29-60 et Rea. Dist. No EALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. COUNTY Montgomery MARYLAND Workfouldan b. CITY OR TOWN III outside corporate bitute, write BURAL A LENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negrest town! 8 days Washington Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESID N ON A FARM? YES NO F Suburban Hospital NAME OF Month DECEASED (Type or print) DEATH 16 Margaret Diggins 19.60 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 8 DATE OF BIRTH 9 AGE illi ven a IF UNDER TYEAR IF UNDER 24 HRS lest berinday) Months Days Hours WIDOWED A DIVORCED [Female 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) during most of working life, even if refired) 12 CITIZEN OF WHAT COUNTRY? Penn. form PM3. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Eli Luckett Annie Agnes Holloran 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Rockville 17. INFORMANT Address James Louis Diggins (son) 1312 Coral Sea, no 18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN I. DEATH WAS CAUSED BY: PULMONARY EMBOLISM SUDDEN IMMEDIATE CAUSE (a) DUE TO PERIPHERAL VENOUS TEROMPOSIS Conditions, If any, which] DAYS gave rise to immediate cause (a), stating the underlying FRACTURE, RIGHT FEMUR couse fost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES RE NO 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port H of riem 18) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d HARY OCCURRED 20e PLACE OF INJUST (Flome, form, 20f (Gity or town) While Not while Month, Day, Year (County) 1964 of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy XI. Inspection Inquiry 7 CTOR: opinion death resulted from: Natural causes . Accident A. Suicide . Homicide . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURES LEADING ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Jawn, or county) REMOVAL (Specify) 70 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS. ATSME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

12694

| | Keg. Uist. No. | | | | |
|---|--|--|--|--|--|
| 1. PLACE OF DEATH O. COUNTY Montgomery Maryland 2. US | JAL RESIDENCE (Where deceased lived If institution- Residence before admission) TALE West Virginia b COUNTY | | | | |
| b CITY OR TOWN (If outside corporate limits, write c. 1ENGTH OF STAY IN 1b c | Mean ATLETHE | | | | |
| RURAL and give nearest town) | CITY OR TOWN (If outside corporate limits, write RURAL and give negres) form | | | | |
| | Keyser STREET ADDRESS L IS RESIDENCE | | | | |
| OR INSTITUTION | Runol Deldrorm # 2 | | | | |
| The Clinical Center | | | | | |
| | Lost 4. Date Month Doy Year OF Domenic November 4, 1960 | | | | |
| 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE | DE BIRTH 9 AGE (In your IF UNDER 1 YEAR IF UNDER 24 HRS | | | | |
| | ch 11, 1914 last birthday) Months Days Hours Min | | | | |
| 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR | | | | |
| None | Kentucky USA | | | | |
| 13. FATHER'S NAME | OTHER'S MAIDEN NAME | | | | |
| Antonio Domenic P | auline Scarpone | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMAL | INT The Medical Record Address | | | | |
| Yes World War II 217-10-7124 The Cl | inical Center, Bethesda ll, Maryland | | | | |
| 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] | INTERVAL BETWEEN | | | | |
| PART I, DEATH WAS CAUSED BY: Cardiac arrest | | | | | |
| DUE TO | | | | | |
| Conditions, if only, which Aortic Stenosis & Insufficiency, post operative | | | | | |
| couse (a), staling the under- | | | | | |
| lying couse lost (c) Rheumatic Heart Dise | ase years | | | | |
| | | | | | |
| PAIR II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? Pulmonary Atelectasis | | | | | |
| 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Part II af stem 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | |
| | NATION IN | | | | |
| A Hour o. m While Not white foctory, stri | NJURY (Home, form, 20f (City or town) (County) (State) et. office bldg., etc.) | | | | |
| | | | | | |
| 21. I certify that I attended the deceased from October 2 , 1960, to November 4, 1960, that I last saw the deceased | | | | | |
| alive an November 4 | | | | | |
| ADDRESS (Street, city or town, state) DATES | | | | | |
| SIGNATURE William C (live md MD. I | he Clinical Center, National 11/24/60 | | | | |
| PHYSICIAN'S William C. Awe, M.D. | nstitutes of Health, Bethesda Li, Maryla | | | | |
| 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMA | TORY 22d LOCATION (City, town, or county) (Stole) | | | | |
| Burial 11-7-60 St Thomas | Keyser W.Va. | | | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 240 REC'D BY REGISTRAR 24b. REGISTRAR S SIGNATURE | | | | |
| J.H.Karkwood & Sons Keyser.West V | | | | | |

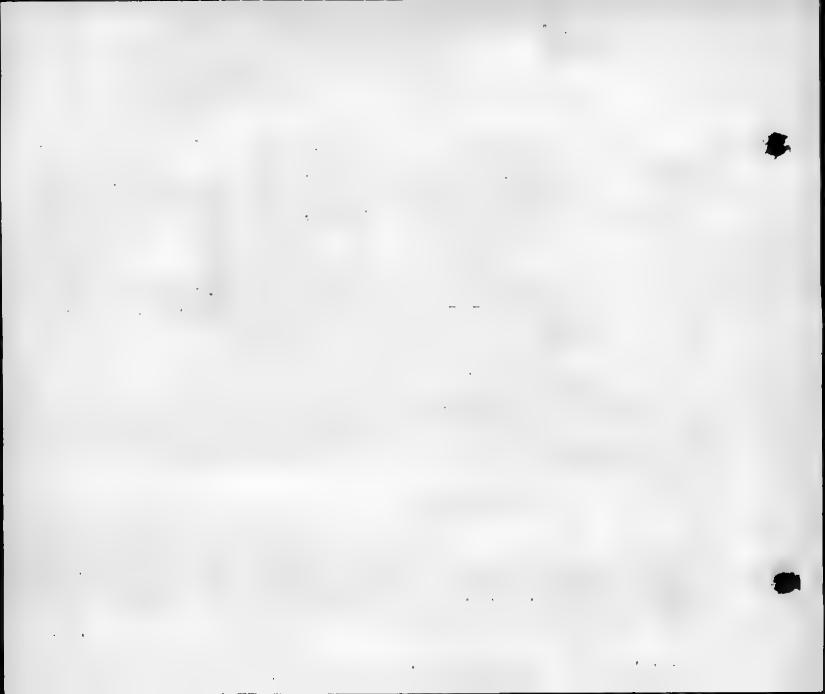
he funeral director, should be filed with

ofter death. Page 4

ATTENDING PHYRICIAN. The low mayim that the death certificate on exempted within 21 hours

may be refered by the hospital or offending physician.

TO FUNERAL SECTOR: After this certificate has been signed by the offending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carben pagers. Pages 1 the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. TO HOSPITAL VS A15 (4) 1SM 10/57



a. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (Stote)

226 DATE

(State)

SIGNED

(County)

5

ON A FARM?

YES NO 1

Year

1960

VR A1S [4] 15M 9/59

director PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND funeral b. C.TY OR TOWN (If outside gorparate limits, write E LENGTH OF STAY IN 16 ag c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town)/ shauld d NAME OF HOSPITAL DEPOL IN HOSPITO d STREET ADDRESS Avenue C4 on vales cen haven NAME OF Middle Lost DATE Month filled DECEASED DEATH (Type or print) EDRIGHT. DONNAN IF JINDER I YEAR IF UNDER 24 HRS. elely 5 SEX 6 COLOR OR RACE MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (in years last birthday) Months WIDOWED IZ-DIVORCED [yrs popers. campl 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) oud Inase Wi carban 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician гетохе IS WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANI Address 16. SOCIAL SECURITY NO 1514 aftending pleose 18. CAUSE OF DEATH [Enter only one cause per sine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) the DUE TO á Conditions, if ony, which (b) signed gove rise to immediate DUE TO couse (a), stating the underlying couse lost. attending physicion. burial-transit (c) hos been PAINT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremation, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) certificate lhe 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) o. m. While Not while of work O of work p. m. 4.5, 19 (2) that (1) (we) last 21.1 certify that (1) (this haspital) attended the deceased from.... 19 60 and that death accurred at // M. from the causes and on the date stated above. saw the deceased alive an RECTOR: 22o SIGNATURE ģ ATTENDING PHYS STAFF PHYS. MED DIRECTOR M.D 22c PHYS CIAN'S 22d ADDRESS NAME (Type) Ac. nay be re. FUNERAL poge 3 the State BUR AL CREMATION, 236 DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 8 Glenwood 60 Cemeterv Washington 9 ADDRESS 256 REGISTRAR'S S GNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR



12708 **CERTIFICATE OF DEATH** Rea. Dist. No eral director, be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) a. COHNEY **b** COUNTY AMITGO MERV MARYLAND deoth. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neatest town) RURAL and give nearest town) hould 11 Comas tark. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO P NAME OF Middle 4. DATE Yeor OF DEATH WILLAND (Type or print) かんかる 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS. lost birthdoy) Months Dovs Hours WIDOWED [7] DIVORCED T 14 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13111 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address aftending please 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO requires that á Ë YUO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUXOPSY PERFORMED? CAROLIOLUSCA. YES NO M 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item IB) MEDICAL 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While The Not while of work of work 21. I certify that I attended the deceased from 19 5 19 60 that I last saw the deceased , and that death accurred at 12 P. M., from the causes and an the date stated above. ACTUĂL SIGNATURE 힏 PHYSICIAN'S NAME (Type) may be a C) 220, BURIAL, CREMATION, 22d. LOCATION (City, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) SPEMOVAL (Specify) 9 EUNERAL DIRECTOR'S SIGNATURE 244 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 Cally of Paris

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12681**CERTIFICATE OF DEATH** Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a, GOUNTY a STATE b. COUNTY MARYLAND CITY OR TOWN (If autside corparate limits write RURAL and give nearest town) **ELENGTH OF STAY IN 16** c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by spiral, give sh d STREET ADDRESS IS RESIDENCE YES NO NO NAME OF Middle DATE DECEASED OF (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthday) Months WIDOWED [7] DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of warking life, even if retired) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. Chestertown, Md. рио <u>Housewife</u> carbon after pe. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician certificate 72 hours o 15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address Nursing Home Records <u>B</u> attendi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ᇗ PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Conditions, if any which been signed gave rise to immediate DUE TO cause (a), slating the underlying cause last. CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THETERMINAL D SEASE CONDITION GIVEN IN PART [4] 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 🗍 m 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) foctory, street, office bldg., etc.) While at wark at wark 21. 1 certify that I attended the deceased fram. 1964 that I last saw the deceased and that death accurred at 10 A, from the causes and an the date stated above. ADDRESS (Street, city or Jawn, state) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) may be re D FUNERA page 3 sh 22a. BURIA., GREMATIGM, 22b DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, tawn, ar county) REMONAL (Specify) Rock Creek Cemetery Washington burial 9 Wash. D. C240. REC'D BY REGISTRAR 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE arthur S. Frank

The S.H.Hines Co., 2901 14th St. N.W.

VS A15 (4)

15M 9/5B

Year

1960

(State)

(State)

DAMOV 1 4 '60

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No.

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TO HOSPITATOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 having after death. Page 4 may be recorded within 24 having after death. Page 4 may be recorded by the hasp-tol or attending physician.

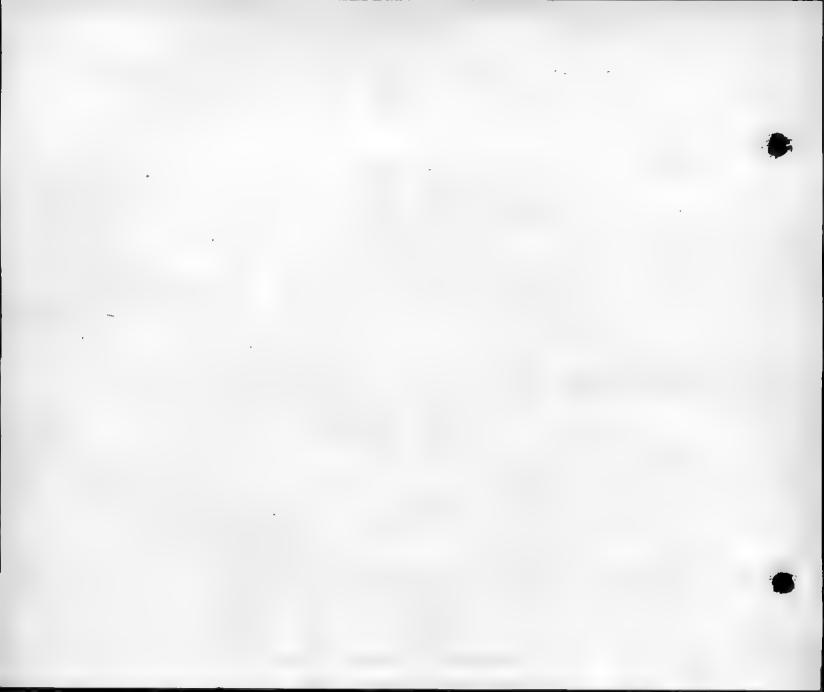
TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled-with the registrar prior to burial, cremation, ar remaval, and in any event within 72 having offer leads.

Vs A15 (4) 15M 9/58

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | Keg. Dist. No. | | |
|--|---|--|--|--|--|
| 1. PLACE OF DEATH o. COUNTY Montgomery | MARYLAND | 2. USUAL RESIDENCE (Where deceased in | b COUNTY | | |
| b CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town) Silver Spring | c LENGTH OF STAY IN 1b | c. CITY OR TOWN IS autside carporate | e limits, write RURAL and give pagest tawn) | | |
| d. NAME OF HOSPITAL (If not in hospital, give or institution 122 University E | · · | 127 University | Blid Sart PES NO 2 | | |
| R. NAME OF DECEASED (Type or print) Mildre | Middle ed Pearl E | Lost 4. DATE OF DEATH | Manth Day Year Nov. 5 19 50 | | |
| | MARRIED NEVER MARRIED DIVORCED DIVORCED | 8 DATE OF BIRTH 9 | AGE (In years IF UNDER I YEAR IF UNDER 24 HR- last birthday) Manths Days Haurs Min | | |
| Oa USUAL OCCUPATION (Give kind at wark dans during most af warking life, even if retired) | 10b. KIND OF BUSINESS OR INDU | STRY 11. 8IRTHPLACE (State or foreign coun | 117) 12 CITIZEN OF WHAT COUNTRY | | |
| 3. FATHER'S NAME | ft 00 | 14 MOTHER'S MAIDEN NAME | | | |
| IS WAS DECEASED EVEN IN U S ARMED FORCES | 16. SOCIAL SECURITY NO. | NFORMANT 12242 | Tagernaly 136. Il East | | |
| PART I. DEATH WAS CAUSED BY. 153 IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate DUE TO | per line for (a), (b), and (c).] | a f ascending Co | lou. 3 years. | | |
| lying cause fast. (c) | IONS CONTRIBUTING TO DEATH BUT | NOT PELATED TO THE TERMINAL DISEASE C | CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPS | | |
| 3 Miletaslasm to | Lines a, Ly | night modes angu | PERFORMED? YES NO [2] | | |
| 200 ACC DENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of in ury in Part I or Port II of item 18) CR CONTRIBUTING [] CAUSE OF DEATH USE (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not while at wark of ot wark of | | | | | |
| 21. I certify that I attended the deceased from Dec 27 , 1958, to 2000 5 , 1959 that I last saw the deceased alive an 2000 4 , 1960 , and that death accurred at 600 M, from the causes and an the date stated above. | | | | | |
| ACTUAL SIGNATURE 47734 CULTEROD, M.D. 800 Persturing Hall Will Signature | | | | | |
| PHYSICIAN'S WIB. 11 | ARDROP. | 800 PERSh. | ing Drivi Stires Spi | | |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify), | 20c NAME OF CEMETERY OF | Comeley Porse | (City, town, or county) (State) | | |
| 23/FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 240. REC'D AY, REGISTR | R 246 REGISTRAR'S SIGNATURE | | |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| - 1 | 9 | 0 | () | | 1 |
|-----|---|---|----|---|---|
| | 2 | U | J | 1 | 9 |

19700

| -1. | · | CERTITIO | DAIL OI D | | | | |
|---|---|--|------------------------|-------------------|-------------------|---------------------|-----------------------------------|
| PLACE OF DEATH | | | II a STATE | DENCE (Where d | | | lence before admission) |
| | ITCOMERY | MARYLA | | ARYLAND | D. 1 | COUNTY | NTGOMELY |
| b. CITY OR TOWN [I | auts de carparate limits, w | rite c. LENGTH OF STAY IN | | | e corporate limit | s, write RURAL one | d give nearest fawn) |
| RURAL and give ne | | 7.0 | | | | | |
| | THESDA At (If not in hospito), give: | 18 day | d STREET | | VILLE | | e IS RESIDENCE |
| OR INSTITUTION | et (it not in reaspile), give | titises dontatti | O SIKEEL | ADDKE22 | | | ON A FARM? |
| | SULLIRLAN | | | | | | YES NO |
| NAME OF | First | Middle | la la | st 4, (| DATE | Manth | Day Year |
| (Type or print) | WINFIE | LD SCOTT | EDWARDS | - 1 | of Death | Norr | g 196 (|
| SEX | 1 | MARRIED NEVER MARRIED | | | 9. AGE | NOV. | ER TYEAR IF UNDER 24 HR |
| 327 | | | ~ | | | irthdoy) Months | |
| TALE | I Veff L L Se | DOWED DIVORCED [| | 1876 | 84_ | yrs | |
| USJAL OCCUPATIO during most of work | N (Give kind of work done ing life, even if retired) | 106 KIND OF BUSINESS OR I | NDUSTRY 11, BIRTHP | LACE (State or to | reign country) | 12.C | ITIZEN OF WHAT COUNTRY |
| 2 | 2 mes - 10 | wet KIM | withole M | marile | and - | | 4.5 |
| A FATHER'S NAME | William Ca | carry ser, com | 14. MOTHER" | MAIDEN NAME | | | 4, - |
| 1. 0 | | | 1/1 | 21 | / | | |
| MARANT | un | . T | un | RNIU | on | | |
| | R IN J. S. ARMED FORCES' | | 17 INFORMANT | | | Address | |
| | | | _Mr.J.R. | Lillar | d Barr | csville | Md (Friend |
| 18. CAUSE OF DEA | TH [Enter only one couse | per line for (o), (b), and (c)-] | | | 4-9911 | | INTERVAL BETWEEN |
| | TH WAS CAUSED BY | ((-), (-), -(-), -(-) | | | | | ONSET AND DEATH |
| | IMMEDIATE CAUSE (a) | CONJEGI | TVE HEART | FAILURE | | | |
| DUE TO | | | | | | | |
| Conditions, if any, which) (b) OLD C.V.A | | | | | | | |
| gave rise to immediate DUE TO | | | | | | | |
| lying couse lost. | ine <u>under-</u> | | | | | | |
| |) (c) _ | ONS CONTRIBUTING TO DEATH | 4 DUT MOT BELATED TO | N THE TERMINING | D CEASE COAID | TION CIVEN IN D | APT 1/-1 10 M/AC A IT/OPS |
| 2 (AMI) OIN | EK SIGNIFICANT CONDITI | ONS COMPRIBUTING TO DEATE | BRI MOT KENTED I | D THE TEKNINAL | D SENSE COMPI | HON GIVEN IN F | PERFORMED? |
| PART II OTH | | | | | | | YES NO |
| 20a ACCIDENT WAS UNDERLYING TO 20b DESCRIBE HOW INJURY OCCURRED (Feter nature of joints in Part or Part of joint B) | | | | | | | |
| | MEDICAL EXAMINER | | | | | | |
| 20c. TIME OF INJUR | Y Manth, Day, Year | 20d. INJURY OCCURRED 20 | e. PLACE OF INJURY | (Home, form. 20 | Of ICity or town |) | (County) (State |
| 20c. TIME OF INJUR Hour a.m. | | White Not white | factory, street, offic | | or (on) or tour | , | (Side |
| p. m. | 19 | at wark 🗍 at wark 📗 | | | | , | |
| 21 I certify tha | t (I) (this hospital) a | ttended the deceased fr | om 10/20 | 1950 | ta // | 7 19 | 60 that (1) (we) las |
| 1 | · · · · · · · · · · · · · · · · · · · | Ct / . | . / | -43 | franciska as | € | |
| saw the deceas | ed drive dn 1/17 | 7-19-00, and th | nat death accurre | a ar M. | from the co | uses and on t | the date stated above 226 DATE |
| 240 SIGNATURE | 1 00 | 14 | ATTENDIN | IG MED | STAFF | | SIGNE |
| - in | WM U-1 | Leeman | M.D. PHYS. | DIRECT: | | | |
| 22c PHYSIČIAN'S NAME (Type) | | | 22d. ADDI | ESS 1062 | 0 GEO | RGIA A | IVE. |
| ratione (1)(pe) | מתינותה הי | DESTRUCTION AND THE PROPERTY OF THE PROPERTY O | | 5141 | TER SI | PRING, 1 | MD. |
| 23g. BURIAL CREMATIO | N. 23b DATE THEREOF | 23c, NAME OF CEMETE | DY OR CREMATORY | | | ly, lawn, or county | |
| JEMOVAL (Specity) | 2 1 / | 23C NAME OF CEMETE | THE CREMATURE | 230 | 7 1 | y, iswin or county | y) (Suater) |
| Durid | 11/10/100 | 2 INONET | acy | | Deulle | rell! | -NUC |
| 24 FUNERAL DIRECTOR | S SIGNATURE | 13armone 100 | Ind. | 250. REC'D BY | REGISTRAR | SS REGISTRAR'S | |
| 11.15. | Hellon | JAM - | mer 9 | DATE NOV | 1 4 160 | arkhur | S. Kranes |
| | 4-1 | 7 161 - | | I IIV | | | |

TO HOSPITATOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hates, after death. Page 4 may be recorded by the hospital are otherwised physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled a texture director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health pr or to burial, cremotion, or removal, and in any event, within 72 hours offer death. VR A15 (4) 15M 9/59



| 1 | MARYLAND STATE DEPARTM | MENT OF HEALTH—BALTIMORE, 18 |
|--|--|--|
| . (20) | 12709 CERTIFICA | ATE OF DEATH Reg. Dist. No. |
| a a l | 1. PLACE OF DEATH O. COUNTY GO MERYLAND MARYLAND | 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a STATE THE PLANT I CAN'TY PRIME GEORGE |
| uld be | b. CITY OR TOWN (If byfude corporate limits, write c. LENGTH OF STAY IN 16 SURAL and give peores! lown) ARK, MD 5 DIAYS | c. CITY OR TOWN (If ausside carporate limits, write RURAL and give nearest flown) |
| 5 | d NAME OF HOSPITAL III, not in hospital, give street address) LORANSTITUTION AND IN SALVITARIUM | SE14 30 T7+ AVE SESIDENCE ON A FARM? SESSION OF THE SESIDENCE ON A FARM? |
| filled in | 3. NAME OF DECEASED (Type or print) LISA HWA! /. | EIARLICIA DEATH NOW 12 19 60 |
| rs. Pog | WIDOWED DIVORCED | B. DATE OF BIRTH 9. AGE [In years IF UNDER 1 YEAR IF UNDER 24 HRS In years If UNDER 1 YEAR IF UNDER 24 HRS If U |
| ond compound of the compound o | 100 USUAL OCCUPATION (Give kind of wark dane) 10b, KIND OF BUSINESS OR INDUSTRIES (BUSINESS OR INDUSTRIES) 10b, KIND OR INDUSTRIES (BUSINESS OR INDUSTRIES (BUSINESS OR INDUSTRIES) 10b, KIND OR INDUSTRIES (BUSINESS OR | MARYLAND USA |
| of contract | ROBERT A . EHRCICH | 14. MOTHER'S MAIDEN NAME CAROL ANN ADAMS |
| ling physics removes the remover 72 hours | Nos. no or unknown) 119 year, give war or dotten of service) NoNT: L | OBERT CHIZCICLI SEA -30 TT AV |
| ontend en plea of within | IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | 1R14 INTERVAL BETWEEN ONSET AND DEATH S DATES |
| d by the | Conditions, if any, which) (b) | |
| si pen ad in o | gave rise to immediate cause (a), stating the under: lying cause last, (c) | |
| las beer riol-tran naval, a | CERT | T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| ificote The bu | OR CONTRIBUTING D CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) | ED. (Enter nature of injury in Part I or Part II of item 18.) |
| this cert r use as emation | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to face the p.ym. 19 at work at work 19 at work 19 | LACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) actory, street, affice bidg., etc.) |
| Affer the forming of | 21. I certify that I attended the deceased from 1960 and that death | h occurred of 30 PM, from the couses and on the date stated above |
| ECTOR: or to bu | ACTUAL Stanley J. Blungthe | ADDRESS (Sireet, city or town, stote) OATE SIGNED OATE SIGNED |
| should t | PHYSICIAN'S STANLEY L. BLUMENTI | Mr 16630 DEORSIA ANSILLER M |
| Poge 3 | 220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CHARLES OF CEMETERY OF CAME OF CAM | OR CREMATORY 28 LOCATION (City, town, or county), (State) |
| A15 (4) 110/577 | FUNERAL DIRECTOR'S, SIGNATURE ADDRESS | 240. RECID BY REGISTRAL 246 REGISTRAR'S SIGNATURE CITIZEN & France |
| 11/200 | 3 1 11 .x 12 | M.) Mary |



FOR STATE TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any sy is necessary, please exacts the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the intensity of literator. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of beathmar or its designated agent, prior to burial, gremation, or removal, and in any event within 72 hours after death. or its designated agent, prior to burial, cremation, or removal, and in any event VS. ATSME 5M 7/59

| ' | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where decessed lived, II institution: Residence before edmission) | | | | | |
|-----|---|--|--|--|--|--|--|
| | Aontgomery MARYLAND | Naryland Lontgomery | | | | | |
| | b. CITY OR TOWN (it outside corporate I mits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) | | | | | |
| | Damascus | X Purtonsville | | | | | |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in haspitel, give street eddress) | d. STREET ADDRESS o. IS RESIDENCE ON A FARM? | | | | | |
| | 9113 Gue Rd. | Blackburn Rd. YES NO | | | | | |
| | 3. NAME OF First Middle DECEASED | Lest , 4. DATE Month Day Year | | | | | |
| | Charles Franklin Ell | | | | | | |
| | 1. Intraction [7] He Let Intraction | DATE OF SIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 1 10 107 Hours Mr. | | | | | |
| | Traite WILLIAM WOOMED | 4/0/91 63 yrs. | | | | | |
| | done during most of working life, even if retired) | TY TH. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? | | | | | |
| | Carpenter - Norman L. Elliott Constru | | | | | | |
| | 13. FATHER'S NAME Thomas Marshall Elliott | 14. MOTHER'S MAIDEN NAME Myrtle Frances Kidwell | | | | | |
| , | | | | | | | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. II. (Yes, no, or unknown) (Ifyesgive werer dates of service) | | | | | | |
| | | Norman L. Elliott, Burtonsville, Id. | | | | | |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I, DEATH WAS CAUSED 8Y: | INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| | IMMEDIATE CAUSE (6) Coronary occl | Lusion Sudden | | | | | |
| | The Due to | | | | | | |
| | Conditions, if eny, which (b) | ·- ·- | | | | | |
| | (e), steting the underlying DUE TO | | | | | | |
| | Cause lest. (c) | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 19. WAS AUTOPSY | | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | PERFORMED? | | | | | |
| | | | | | | | |
| | 206. EXTERNAL CAUSE WAS PRIMARY OF GOOD COURED. (E | The state of the property of the state of th | | | | | |
| | | CE OF INJURY (Home, farm, 20f. [City or town] (County) (Slete) | | | | | |
| | Hour e.m. While Not While fects | ory, street, office bldg., etc.) | | | | | |
| | 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry X, and in my opinion | | | | | | |
| | death resulted from: Natural causes K., Accident I., Suicide I., Homicide I., Undetermined manner | | | | | | |
| | CHIEF MEDICAL EXAMINER | | | | | | |
| | ACTUAL TO A BEARING TO | ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | | | | | |
| 1 | SIGNATURE CONTRACTOR | | | | | | |
| Į. | NAME (Type) Frank J. Broschart | DEPUTY MEDICAL EXAMINER [X] NOV. 2, 1960 Address (Street, city, town, or county) | | | | | |
| · · | 220, BURIAL, CRÉMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) | | | | | | |
| | BURIAL 11/5/60 Burtonsville Un: | ion Cemetery Montgomery County, Md. | | | | | |
| | 23, FUNERAL DIRECTOR WINNER E. BUMBHREY, INC. SILVER SPRING | 246. REC'D SY REGISTRAR 246. REGISTRAR'S SIGNATURE | | | | | |
| | Roumen de la Bisca | , MD. DATE NOV 9 '60 Cattura & Kinna | | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12702

12790 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before/admission) **6. COUNTY** MARYLAND b. CITY OR TOWN III autside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN of autside corporate limits, write RURAL and give nearest town) RURAL and give nearest Jown) d STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE ON A FARM? OR INSTITUTION YES NOTE NAME OF 4. DATE Middle Lost Month Day Year OF DEATH (Type or print) 1960 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8 DATE OF BIRTH last birthday) Months Days WIDOWED [12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) -during most of working life, even if tetired) 3. FATHER'S NAME MARY ELIZABeth CAY
INFORMANT SILVER Spring, Middiess WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO/ Mrs. P. Clark-2317 Blueridge Ave. 578-32-4521 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) 200-DUE TO Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN COPERT 100 19 WAS ALTOPSY PERFORMED? NO I 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) factory, street, affice bida, etc. Hour a.m. While Not while at work at work 30 , 196 that I last saw the deceased 21. I certify that I attended the deceased from. and that death accurred at 7.35f.M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) ACTUAL SIGNATURE GEORGIA PHYSICIAN'S EDWAR 5'ILVER 220. BURIAL, CREMATION, 226 DATE THEREOF 22d LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Potomac Church Cem. Burial Potomac. Maryland 24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** arthur S. Kraus

Bethesda, Maryland DATE DEC 6

Pumphrey

death. puo corbon offer physicion поуе pau6 9

director,

aro.

filed v

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12710 **CERTIFICATE OF DEATH** Red. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution) Residence before admission o COUNTY b. COUNTY CITY OR TOWN (If outside corporale Umits, write c CITY OR TOWN (If outside carporale limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) Jakoma d. NAME OF HOSPITAL/IIf not in hospital, give-street oddress) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO 4. DATE OF DEATH NAME OF First Middle Manth Day Year DECEASED (Type or print) 19600 ann 5 SEX IF UNDER FYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours DIVORCED [T WIDOWED | 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | \$1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, evan if retired) SL A. Marvland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per lige for (a), (b) and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause fast. PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(t) 119, WAS AUTOPSY remova!, PERFORMED? YES 🗍 NO. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) Ö DICAE. 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form Day, Year 20d INJURY OCCURRED 20f (City or town) (County) (State) factory, street, affice bldg., etc.) Hoor 0. m While Not while at wark 🗍 at wark 21. I certify that I attended the deceased from ..that I last saw the deceased alive on and that death accurred at M, from the causes and on the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) the registror 220 BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (C' tawn, or county (State) REMOVAL (Specify) D.C. ock Creek Washington Cemeterv PUMERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE C. Thung & Travel

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6 Wks

| 6 | 12744 | CERTIFICA | IE OF DEATH | | |
|-----|--|---|--|---|--|
| | PLACE OF DEATH O. COUNTY Montgomery | MARYLAND | 2 USUAL RESIDENCE (Who o STATE Maryl | and b COUNTY N | Residence before admission) Aontgomery |
| 1 | b CITY OR TOWN (If outside corporate limits write RURAL and give nearest fawn) Kensingto n | c LENGTH OF STAY IN 16 9 days | c. CITY OR TOWN (IF o | Spring 59 | (AL and give nearest town) |
| | d NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION Kensington Gardens | | d STREET ADDRESS 10,411 Amhe | rst Ave. | e is residence on a farm? Yes No 🔯 |
| * / | 3 NAME OF DECEASED (Type or print) John K. | Middle M. | EWING | 4. DATE Month OF DEATH NOVemb | - / - |
| | s sex 6 COLOR OR RACE 7. MARRI Male White widowe | | 10/25/78 | | FUNDER I YEAR IF UNDER 24 HRS Months Days Hours Min |
| | 10a USUAL OCCUPATION (Give kind of work done) 10b during most of working ife, even if retired) Alle Lawyer (retired) | KIND OF BUSINESS OR INDIPS IN Property Cus | Codian Washin | or foreign country) | 12 CITIZEN OF WHAT COUNTRY? U.S.A. |
| 1 | Charles Ewing | | Virginia M | | |
| | 15 WAS DECEASED EVER IN U S ARMED FORCES? 16 (1791 no. of unknown) yes Spanish American | | · Kathleen E. | Daly, S. Egrer | |
| | Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause lost DUE TO DUE TO Co Co Co Co DUE TO Co Co Co Co DUE TO Co DUE TO DUE TO Co SI | e for (a), (b), and (c).} hronic Cardi eneralized A mall Cerebra | rterioscler | osis | INTERVAL BETWEEN ONSET AND DEATH App. O WK |
| | PART II OTHER S GNIFICANT COND THONS C | | | | N IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO N |
| | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRED | | | |
| | Hour o. m. While | | CE OF INJURY (Home, form tary, street, affice bldg., etc. | | (County) (State) |
| | | / / | | | an the date stated above |
| | 220 S GNA JOE 220 A FOS CIAN S | iladeou | <u> </u> | STAFF RECTOR PHYS | Nov 1, 1900 |
| | NAME ROBert T. Thibade | eau, M.D. | 10609 Con | ncord St., Ke | ensington, Md. |
| | 230 BUR AL, CREMAT ON 236 DATE THEREOF BUR IAL (Specify) 11/3/60 | ARLINGTON NAT | | 23d LOCATION (C ty, fown or ARLINGTON, VI | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has be read by the haspital ar attending physician and completely fulled TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremotian, ar removal, and in any experimental, 72 hours after death VR A15 (4) 15M 9/59

he funeral director, should be filed with

after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau-

SILVER SPRING, MD.

250. REC'D BY REGISTRAR NOV 4 DATE

256 REGISTRAR S SIGNATURE Circles S. Kraca



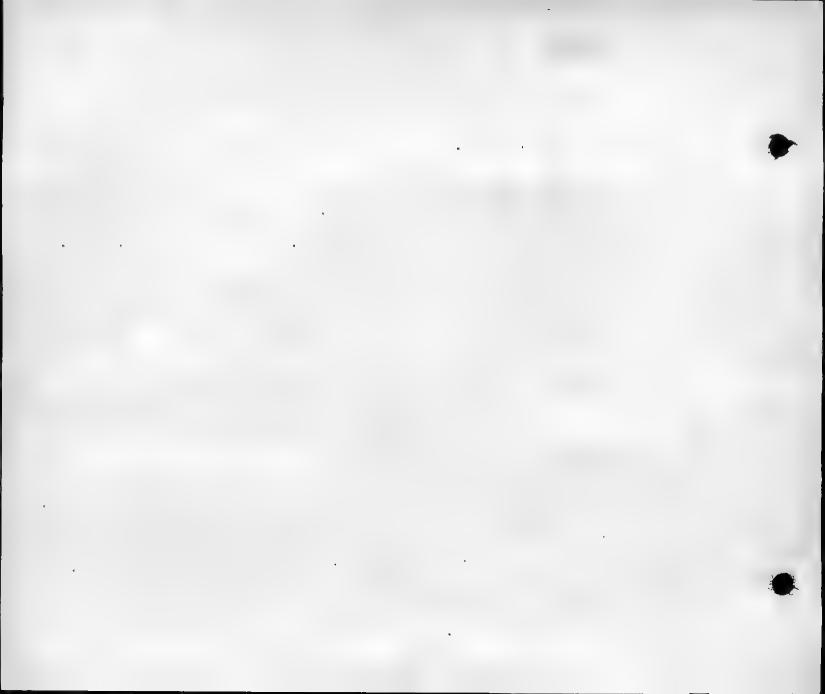
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



after death. death certificate R ATTEN



12792 **CERTIFICATE OF DEATH**

he funeral director, should be filed with

ifter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how

page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Paner I am the registrar prior to burial, aremation, or removal, and in any parts.

moy be res TO HOSPITA!

VS A15 (4) 15M 9/5B

12708 Reg. Dist. No.

| - 1- | | | | | | |
|------|--|---|---|--|---------------------|---|
| | O. COUNTY MAN AND RAIL | MARYLAND | 2. USUAL RESIDENCE (WI | here deceased lived. If instr b. COUN | | iore admission) |
| | b. CITY OR TOWN (If outside forporate him were RURAL and give neaves) toyn) | ite c LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | outside corporate limits, wri | e RURAL and give no | earest fown) |
| | d. NAME OF HOSPITAL (If not in haspital, give st OR INSTITUTION | Hospital | d. STREET ADDRESS | n. Brand | ft. | o. IS RESIDENCE ON A FARM? YES NO R |
| | 3. NAME OF DECEASED (Type or print) | Middle L. | eldstein | OF | 11 3 | |
| | F W WID | OWED DIVORCED | 3 - 3-188.3 | | yrs Months Days | |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyes if retired) | 106. KIND OF BUSINESS OR INDUS | Penna | glorenen | 12. CITIZEN C | S 14. |
| 1 | 13. FATHER'S NAME Jacat Jo | ohren | 14. MOTHER'S MAIDEN | estera W | sider | |
| 1 | WAS DECEASED EYER IN U. S. ARMED FORCES? (Yes, no, or unlayeryn) (If yes, give war ar dates of service) | 16 SOCIAL SECURITY NO IN | Babette 14 | . Lohun 103 | To Calea | well SS. |
| | 1B. CAUSE OF DEATH [Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | er line for (a), (b), and (c)] | nd Homo | molecope. | | TERVAL BETWEEN |
| | Conditions if any, which) (b) | Hypertine | years to the | | | |
| | gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> CC (c) | | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIO 200. ACC DENT WAS UNDERLYING [] 20b. OR CONTRIBUTING [] CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER) | NS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE CONDITION | GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? YES NO TO |
| - 1 | - T. 41 | DESCRIBE HOW INJURY OCCURRED |). (Enter nature of injury in | Part I or Part II of dem 18. | | |
| | Hour a.m. W | od INJURY OCCURRED 20e. PLA fact work at work | CE OF INJURY (Home, farn tory, street, office bldg., etc | n, 20f (City or town) | (County | y) (State) |
| 1 | 21. I certify that I attended the dec | | 4 , 1960 ta | | | w the deceased |
| 1 | alive on legt & 29 1 | 2 <u>6 C</u> , and that death | accurred at 8 1-14 | LM, from the causes | | te stated above. |
| | ACTUAL SIGNATURE , Tennen roll | Jejyme in | M.D. 217 66220 | ADDRESS (Street, city or to | NN, STATE) | 11-30 6 |
| | PHYSICIAN'S Bernard A Fi | tzgerald | Seter o | 13 mm 3, 70 | eY. | |
| | 220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 11/30/60 | 22c NAME OF CEMETERY OF Cedar Hill | | 22d LOCATION (City, tov | | (State) |
| | 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | Crematory | Suitland, 'D BY REGISTRAR 246. R | Mary Lat | URE |
| | Robert & Bombers | Dathards Man | PE OF B | | 1. 9 4 | |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12712

12769

| | PLACE OF DEATH O. COUNTY MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY |
|----|---|--|
| / | b City OR TOWN (If potside carporate limits, write c. LENGTH OF STAY IN 16 | c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| | Takena PARK 9 hrs. | Kensington 4 |
| | d NAME OF HOSPITAL (If not in haspital give street address) OR INSTITUTION | d. STREET ADDRESS o IS RESIDENCE ON A FARM? |
| A. | Washington Sanitarium Haspital | 4/0/ Lucrett St. YES NO 1 |
| | 3 NAME OF DECEASED (Type or print) (Type or print) (Type or print) | F. 5 1 DATE Month Day Year OF DEATH // 26 1960 |
| | S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS |
| | WIDOWED DIVORCED | 11/24/85 lost birthday) Manths Days Haurs Min |
| | 100 USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) OWN HOME | USTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? A1716. |
| \ | 13 FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | FRANK KOSNICK | Augusta Miller |
| | | INFORMANT Address Recurds |
| | (Yes, no, or unknown) (19 yes, give war or dates of service) NONE | TCharl Washington Janitarium YHuspital |
| | TB CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] | INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Coroccare | y dicolumno - Mil. alue 11 hrs |
| | DUE TO | * clarosis |
| | Canditions if any, which gave rise to immediate DUE TO | - Jeans |
| | lying cause last (c) Hubert | cusion & years |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE | IT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE | YES NO 🖻 |
| | CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | (Enter nature of injury in Part t or Part II of item 18.) |
| | 20c. TIME OF INJJRY Manth, Day, Year 20d. INJURY OCCURRED 20e 1 Haur a. m. While Not while 19 at wark at wark | PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) actory, street, affice bldg., etc.) |
| | 21. I certify that (1) (this haspital) attended the deceased from | 1955 19 to to the thor, 26 1960, that (1) (we) lost |
| | saw the deceased alive an 120 25 1960, and that | death accurred at #20 M from the causes and on the date stated above. |
| | 200 SIGNATURE PROPERTY HOURS | ATTENDING MED STAFF SIGNED |
| | 22c PHYSICIAN'S | 22d ADDRESS |
| | NAME (Type) Robert H Have N | D. 809 Davis Ave lakorna PR |
| | 230 BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY | |
| | BURTAL 11/28/60 CEDAR HILL C | PRINCE GEO. COUNTY, MARYLAND 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE |
| | WARNER E. PUMPHREY, INC. SILVER SPRI | |
| | | |

Then please remays carban papers. Pages 1 and 2 should be filed with

after death Page 4 e funeral directar,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauri

may be read by the haspital or attending physician.

FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.

may be re TO FUNERA TO HOSPIT

VR A15 (4) 1SM 9/59



er death Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITAL

VR ATS [4] TSM 9/59

may be retailed by the haspital ar attending physician.

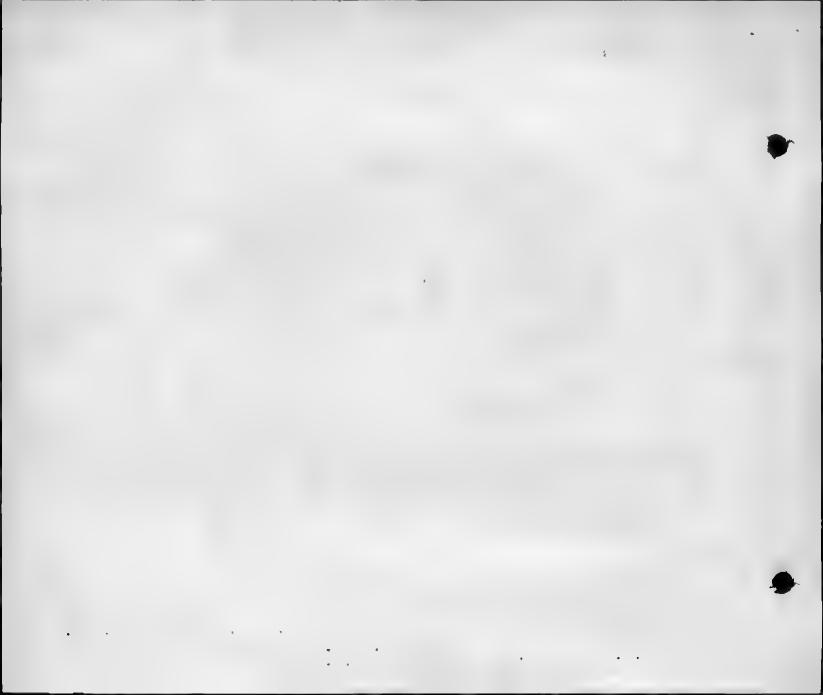
TO FUNERAL EXECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the State Board of Health priar to burial, cremation, or remayor and to any event, within 72 hours after death

| | PLACE OF DEATH a. COUNTY | ARYLAND 2. U | SUAL RESIDENCE (W | | If institution Residence COUNTY | before odm | uss on) |
|----|--|-------------------|-------------------------|---|--|---------------|------------|
| Į. | P(C. C. C | IAKTUANU | | 41.1.1 | 1 1.7 , | A Branch | Terry |
| 1 | b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF S RURAL and give nearest town) | TAY IN 16 c | CITY OR TOWN (II | obtside corporate la | nits, write RURAL and go | va neorést to | mun) 🕴 |
| 1 | | - H | | 18.1 | 1.17.1 | | |
| ľ | d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION | 2.6 | STREET ADDRESS | | | e IS F | ESIDENCE |
| | VI CALL CONTRACTOR OF CONTRACT | | | * | 1 | | NO D |
| | | ddle . | Last | 4. DATE | Month | Day | Year |
| | DECEASED (Type or print) | Lat. | - Mach | OF DEATH | 1) | 11 | 19 |
| I | S SEX 6. COLOR OR RACE 7 MARRIED NEVER MA | ARRIED 🔲 8. DA | E OF BIRTH | 9 AG | Control of the contro | YEAR IF UN | |
| L | WIDOWED DIVO | RCED 🔲 🚶 | 1-2- | 12 | yrs Months | Days Hou | rs Min. |
| | 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINE during most of working life, even if retired) | SS OR INDUSTRY | 1. BIRTHPLACE (State | ar foreign country) | 12 CITIZ | EN OF WHA | T COUNTRY? |
| ı | Onw home- | | XXXX | WASHINGTO | N. D.C. | X. 1 | + |
| ľ | 13. EATHER'S NAME | 14 | MOTHER'S MAIDEN | NAME | | | |
| | 12- 10: K 1 () | | XXXXXXX | XXXXXXXXX | X NELLIE M. | NEWL | N |
| ľ | IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY | TEO 17 INFORM | ANT | A | Address | | |
| | (Yes. no o unknown) (If yes. give war or dates of service) | CXXX | 1 | 1 * | ret 4 | | |
| Ī | 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and | (c)] | | | | INTERVAL | |
| ı | PART I DEATH WAS CAUSED BY ACT. Cerebell | arenta | ation an | d nocro | sie | ONSET AN | AD DEWIN |
| 1 | DUE TO | t | | 7000 | | 1 | |
| ı | DI STATE | 11 11 1 | enis a | 006.111 | MA. | RETTU | + 2 day |
| 1 | Canditians, if any, which agave rise to immediate | w an | enan po | - Character | W * 4 | 0.0 | |
| ı | couse (a), stating the under- | anton | is 1000 | rosis | | Me | aro - |
| ı | lying cause tast. (c) | 710000 | | | A | 1 1 | A ALITODAY |
| ı | PART A OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO | DEATH BUT NOT | RELATED TO THE TEXA | UNAL DISEASE CON | 7 | PER | FORMEO? |
| ı | E marked picking about | ecras | us - V. | etvico | urgery 11-17 | TEC YES | NO 🗆 |
| | PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO MANUAL A DULLING TO THE AUGUST OF DEATH 200. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE) | RY OCCURRED. (Ent | er nature of injury in | Part I or Part II of | item lgf.) | | |
| | | 20e. PLACE C | F INJURY (Home, fari | m. 20f (City or to | wn) (C | punty) | (State) |
| ı | Mour o m. White Not white | factory, | treet, office bldg , et | | 1.00 | | (0.0.0) |
| ı | p. m. 19 at work at work | | | 4 0 | | | |
| ı | 21 I certify that (1) (this haspital) attended the decea | sed fram/_/_ | -10-py | (CC . to 11 - | - 19 - , 1960 | 2, that (I) | (we) last |
| | saw the deceased alive an 1 - 1960. | and that death | accurred at 2 | AM, from the | causes and an the | date state | ed abave |
| ıl | 220 S GN MURE | - (| Sugar | | | | DOL DATE |
| | Lead h. (Cal 121) | /12 21 M.D | ATTEMBING A | AED STA | | 1-19-1 | S GNED |
| | PAME (Type) READ N. CALVER | T, M.D | 7294 (FE | ecraia Av | e., Silver | Speci | ing Mid. |
| - | 73- SUBJECT CONTINUE BY DATE THEOROG | | | | <u></u> | | |
| | RFMOVA_(Spec fy) | CEMETERY OR CRE | | | City, tawn, ar caunty) | , | tote) |
| | | D CEMETE | ¢χ | | INGTON, D.C | | |
| | 2" MANNER EON SHINDHIEY, INC. STEVER | SPRING, | MD. 250 REC | D 2 8 60 | 256 REG STRAR'S SIG | | |



BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before 1. PLACE OF DEATH a. COUNTY y is necessary, director, Page Frince Montgomery b. C.TY OR TOWN (if outs de corporale limits, MARYLAND Georges c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate rimits, write RURAL and give neerest lown) d NAME OF HOSPITAL OR INSTITUT ON (4 IS RESIDENCI ON A FARM? Washinglan 3. NAME OF YES NO X DECEASED OF (Type or print) DEATH ¥:¥ 6. COLOR OR RACE S. SEX 9. AGE (in years IF UNDER I YEAR age 5 may b I and 2 with 72 hours aft 7. MARRIED NEVER MARRIED last birthday) Months Days I Rours WIDOWED F DIVORCED -IOI. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Electric
13. FATHER'S NAME 9 and Weapons pages Office along with form PM3. burial-transit permit. File page: EMAN // A 16. SOCIAL SECURITY NO. | 17. INFORMANT 15, WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgivewerordetesofservice 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b) and (c). ONSET AND DEATH DEATH WAS CAUSED BY: sulden IMMEDIATE CAUSE (a) **DUE TO** Conditio ., if any, which gave rise to immadiate cause. DUE TO (e), staling the underlying be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? NO 50 should 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part I or Part II of Jam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 [2Dd. INJURY OCCURRED , 20e, PLACE OF INJURY (Homa, ferm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year (State) factory, street, office bldg., etc.) Not While Hour e.m. at work at work Prior and in my op nion death resulted from: Natural causes X. Accident . Suicide . Undetermined manner Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL. DEPUTY MEDICAL EXAMINER 11-11-60 Base Bxc DEPU Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22s. BURIAL, CREMATION. REMOVAL (Spacify)
DUPIAL George Washington Mem. Cem. Hyattsville. Md. 240 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Washington 9. D.C. DATE NOV 1 4 160

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

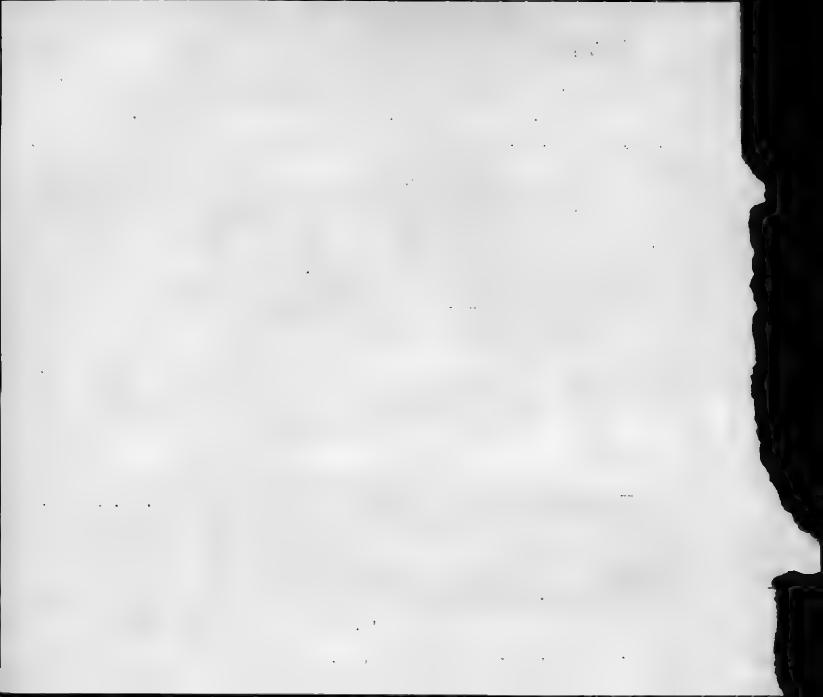
Item 8 Firm 6279 1-16-61 et FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It institution. Residence before admiss or a. COUNTY files. Health, b. COUNTY MARYLAND Montromery b. CITY OR TOWN (Il cutade corporate timis, mi to BURAL c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town 30 Rethesda Waterlick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RE DENE ON A FAPME Suburban YES AL NO NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) DEATH Roger Royce Frederick Nov. 5. SEX 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED TO 8. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HR fast birthday) Months Doys Hours WIDOWED | DIVORCED Too. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (Side or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) P ainter Construction II.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dellinger File p 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 14 SOCIAL SECURITY NO. 17. INSORMANT Yes Barbara Drederick, wife, a. above 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DISSET AND DEATH PART I DEATH WAS CAUSED BY: Intrapontine hemorrhage 24 hours IMMEDIATE CAUSE (a) **DUF TO** Conditions, if any, which Fall from ladder 27 hours gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119, WAS AUTOPS PERFORMED? Skull fracture with subdural and epidural hematoma. dicol Epilepsy NO 🗆 YES 🔯 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Part I or Part II of Item 18] 3 | 20d INJURY OCCURRED | 20e PLCE OF INJURY (Home, form, 120f. (Cily or town) | While Not white | Most will be provided by the provided by Month April or (County) (State) 3 :15.Nov 199 of work To of work Washington D.C 21. I certify that I taak charge of the remains described above, he'd on Autopsy , Inspection , Inquiry and in my opinion death resulted from: Natural causes Suicide . Homicide . Undetermined monner Accident XI, DIRECTO ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE **EXAMINER'S** desi NAME (Type) DEPUTY MEDICAL EXAMINER 22d LOCATION (City town, or equity) (Stote) REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. ATSME NOV 9 5M 2 157

1 m

o < To Depu

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 271 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decrased lived, it institution: Residence before admission) a. COUNTY b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (it outs de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town write RURAL and give nearest town! West Hvattsville. Md. Takoma Park, Md. 12 hrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? 2118 Ravenswood Street Washington Sanitarium & Hospital Middla 4 DATE DECEASED (Type or print) DEATH 60 Mason Funk, Sr. Bernard 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months WIDOWED 17 DIVORCED [White Male 10a. LSU L OCCUPATION (Give kind of work | 10b, KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Self-employed USA Master gas fitter Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dora Anderson Recorded FUNK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 15. WAS DECEASED EYER IN U.S. Annual Policial (Yas, no. - unkown) (Ityasgivawarordatasofsarvica) 577-12-7593 Hospital records 18. CAUSE OF DEATH [Enter only one cause per I na for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cerebral hemorrhage and laceration IMMEDIATE CAUSE (a) DUE TO Conditions, if why, which bullet wound in skull 13 hours gave rise to immadiela causa **DUE TO** (a), stating the underlying PART II OTHER SIGNIFICANT COND. TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? NO DE Should I 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARYA or CONTRIBUTING Self inflicted bullet wound in right skull 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f (City or town) 20c. TIME OF INJURY (County) While Not While 10/31 19 60 at work at work x son's home West Hvatts. P.G. OR. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion 2 forwarded b Accident . Suicide 1 Natural causes Homicide . Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER Frank W. Broschart. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION City, lown, or country) 228, BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) Arlington Nat*1. Cemetery | Arlington, Virginia BURIAL. 40 % 111/4/60 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE A15ME RNOR E. PUMPHRIZZ. SILVER SPRING, MD. Clashun & Kraus M 7/59 DATE NOV 7

MARYLAND STATE DEPARTMENT OF HEALTH



PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Mont gomery b. county ontgomery MARYLAND CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RURAL and give nearest town) Bethesda Bethesda d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 4548 4548 Windsor Lane Windsor Lane YES NO M NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH 19 6 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost_birthday) Months Days Jan. 26, 1882 DIVORCED | WIDOWED [LSUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Geologist retired 474977 Chamberlain.S.D. - U.S.A-13. FATHER'S NAME Julia M. Brackett Charles Gardner 17 INFORMANT IS WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 578-48-7426 Remsen B. Ogilby Attorney NO. 1B. CAUSE OF DEATH [Enter only one couse per line for (σ), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH Jh Rombosis VR5581 PART I DEATH WAS CAUSED BY: RebRai IMMEDIATE CAUSE (o) RtoRiosclerosis Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO 🏋 20g ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d INJURY OCCURRED (State) factory, street, affice bldg etc.) Hour o. m. While Not while of work at work 21 I certify that (I) (this hospital) attended the deceased from HUNL _19.60, and that death accurred at 730M. from the causes and an the date stated above. 12 saw the deceased alive an 226 DATE 5 GNED ATTENDING MED DIRECTOR M.D. PHYSICIAN S NAME (Type) 22d. ADDRESS 23a, BURIAL, CREMATION 236 DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) REMOVAL (Specify) Cedar Hill Crematory Suitland, ..d. Gremation 25g. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE 09: 7 1 VONPTAG Outling & Harris



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12755

CERTIFICATE OF DEATH

Reg. Dist. No. 12715

| | · · · · · · · · · · · · · · · · · · · | | | n | | | | |
|---|--|-----------------------------------|--|--|-------------------------------------|---|------------------|------------------------------------|
| o. COUNTY | tromeny | | MARYLAND | 2, USUAL RESID | | ed lived 1f instituti b. COUNTY | | sfore odmission) |
| RURAL and give | (If outside corporate time | its, write c t | ENGTH OF STAY IN 15 | c. CITY OR TO | WN (If outside corp | parate limits, write F | RURAL and give i | nearest town) |
| Roulev II | 13 | | | Rockty* | lle - | | X | |
| OR INSTITUTION | Tune Terr | • | ess) | d STREET AC | | ezma " ż | | o. IS RESIDENT |
| NAME OF DECEASED (Type or print) | MARY | BE^! | Middle LL GARDET | Last Im | 4. DATE OF DEAT | H Nonday | י בו ילנ | Day Year |
| sex Pomole | 6. COLOR OR RACE | 7 MARRIED [| NEVER MARRIED | B. DATE OF BIRTH | - | 9 AGE (In years plast birthdoy) yrs | Months Day | s Hours M |
| 0a. USUAL OCCUPA during most of w NON | TION (Give kind of work rorking life, even if retired | done 10b. KINE | O OF BUSINESS OR INDU | ISTRY 11 BIRTHPLA | | country) | 12.CITIZEN | OF WHATCOUN |
| 3. FATHER'S NAME | | | | 14. MOTHER'S | MAIDEN NAME | | | |
| Tahn H | Garrett | | | Alcin | la Word | | | |
| | VER IN L. S. ARMED FOR | CES2 ItA SOC | IAL SECURITY NO. | INFORMANT | | 11. 200 | Iress | |
| Yes, no, or unknown) | (If yes, give war or dates of | mrvice] | | o, min i | G. F. | G '+ 1 | | , l. |
| Conditions, if gove rise to couse (o), statis lying couse to | immediate DUE TO | > | conec. | brance | eleg in | | | Squal |
| PART II C | OTHER SIGNIFICANT CON | | RIBUT NG TO DEATH BU | T NOT RELATED TO | THETERMINAL DISEA | ISE CONDITION GIV | VEN IN PART 1(0) | 19 WAS AUTO PERFORMED YES NO |
| | WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MED CALEXAMINER) | Frace | HOW INJURY OCCURRI | D (Enter noture of | injury in Port y or P. | ort II of item 18.) |) Lot | denth |
| 20c TIME OF INJ | URY Month, Doy, Yen Sure 22195 | or 20d INJUR 5Vhile of work | Y OCCURRED 20e. Pl Not white of work | ACE OF INJURY IN ictory, atract, office | ome, Wirm, 20f. (Ci bldg , etc.) | ty or town) | (Count | Goody Es |
| 21. I certify that I oftended the deceased from & Boot 184019 to Her II. , 1964that I lost saw the deceased | | | | | | | | |
| Olive on | as ue fu | , 19[00_ | , ona thot death | occurred at | | 1 the causes or Street, city or town, | | ite stoted ob: DATE SIG |
| ACTUAL SIGNATURE | N=9. | Full | Heren | M.D | 0 S. Na. | Menglio | SP. | itfirf6 |
| PHYSICIAN'S NAME (Type) | Tilliam A. | Linth | icu | | Koch | ville, b | ed. | // |
| BURIAL, CREMA | | | Forest Oak | | 22d LOC | ATION (City, town, | or county) | (Stote) |
| . FUNERAL DIRECTO | DR'S SIGNATURE | 20 7 L | ADDRESS | | 24a. REC'D BY REGI | STRAR 246 REGI | STRAR S SIGNA | - |
| # # Au " will | eler Funer | GT TON | 10 olar 13 a | | NOV 1-5 | ,en (1 | nihun 8 to | could |

ofter death. Page 14 Pages 1 and 2 shauld be filed with he funeral director, TO HOSPITALY STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurmay be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in a page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/58

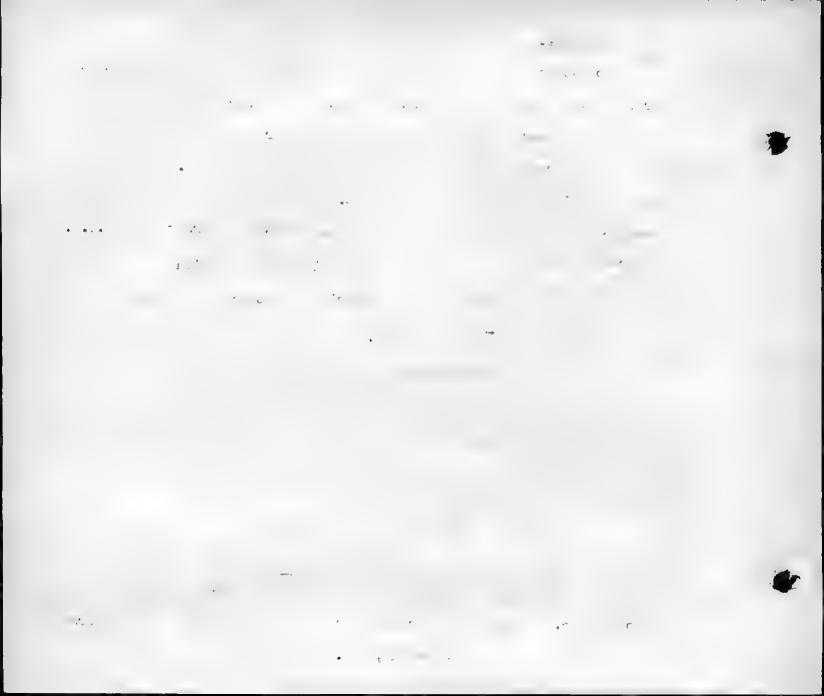


VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1970-

| o COUNTY | Montgomery | MARYLAND | | NCE (Where deceased aryland | d lived If institut o B COUNTY | Montgomery |
|---|--|---------------------------|--|------------------------------------|------------------------------------|---|
| PORTOWN (I | f outside corporate limits, write | c. LENGTH OF STAY IN 16 | | | | JRAL and give nearest town) |
| | HOCKATTTO | l Year | Rural | Rockvi | lle | * Sage |
| d NAME OF HOSPIT OR INSTITUTION | Al lif not in hospital give stree 16550 Emory 1 | t address) | 16550 | Emory I | ane | e is residence on a farm? Yes \ No. |
| 3. NAME OF DECEASED (Type or print) | Andrew | Middle | Gaul." | 4. DATE OF DEATH | Nov. Mont | 29 Day Year 60 |
| S SEX Male | 6. COLOR OR RACE 7. MAN | VED DIVORCED D | Sept. 17 | 1877 | 9 AGE (In years log grithdoy) yrs. | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 100 USUAL OCCUPATION during most of tele | ON (Give kind of work done 10b upg life, even if retired) | KIND OF BUSINESS OR INDU | New New | TETEY# | Jersey | 12. CITIZEN OSWHAT COUNTRY |
| 13 FATHER'S NAME Andre | w Gaul | | 14. MOTHER'S N | abeth | Smith | |
| | | | atherine | Mather | Addr Sa | |
| Conditions, if or gave cise to it couse (o), stoting lying cause lost. PART II. OTHER OR CONTRIBUTING (IF EITHER, NOTIFY | DUE TO (c) JER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT | , amer | a1128 | | EN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO |
| 20c. TIME OF INJUR Hour o. m p. m. | 19 While | f - | ACE OF INJURY (He letery, street, office t | ome, form, 20f. (City oldg., etc.) | or town) | (County) (Stor |
| saw the deceas | C4112A | | * * | 9:30 Av. fram | the couses on | d on the date stated above |
| 220. SIGNATURE | TAIN | ov. | M D. PHYS | MED DIRECTOR D | STAFF PHYS | 11 29 60 226 DATE SIGNE |
| 22c. PHYSICIAN'S NAME (Type) | C.H.L | FOH | 22d ADDRES | April 1 | 191 2 | pring Ma |
| 23a BUR A., CREMAT O | 1 Dec. 2 1960 | O Maple Grove | Park | | TION (Cify town, o | New Jersey |
| 24, FUNERAL DIRECTOR | S SIGNATURE | ADDRESS | | 25a. REC'D BY REGIST | TRAR 256 REGIS | STRAR'S SIGNATURE |
| Thanus | . W. Barber | _ Laytonsville, | , Md. | DATE | 100 | |
| | | | | 1.74 | OV € | |



VII A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4923

| 8.3 | CERTIFICATE | OF DEATH |
|------|-------------|---|
| Na h | | - · · · · · · · · · · · · · · · · · · · |

| | 2000 | CERTITIO | ALE OF PERTIN | | Reg. Dist. No. | |
|--|---|---------------------------|---|---|--------------------|--|
| 1. PLACE OF DEATH | ome ry | MARYLAND | 2 USUAL RESIDENCE (Whe | re deceased fived. If instit b. COUN | | re admission) |
| B. CITY OR TOWN (III | outside corporate limits, write grest fown) | LENGTH OF STAY IN 15 | | tside corporate limits, write | • | arest town) |
| | | l year, 10 | | raska Ave. | | |
| The Altie | AL (If not in hospitol, give street a Woodland | oddress) | d. STREET ADDRESS | n. D. C. | | e IS RESIDENCE ON A FARM? YES NO [3] |
| 3 NAME OF DECEASED (Type or print) | Ethel | Middle Gr | untlett | | Ionth Do | 7 19 6 C |
| 5 SEX F | TIT | RRIED NEVER MARRIED A | 8. DATE OF BIRTH Oct -5-1376 | 9 AGE (In yeo last birthday | // Months Doys | IF UNDER 24 HRS. Hours Min, |
| 10a USUAL OCCUPATIO during most of work | N (Give kind of work done 10) ing life, even if retired) | . KIND OF BUSINESS OR IND | JSTRY IT BIRTHPLACE (Stote of | r foreign country) | - | WHAT COUNTRY? |
| AT HOME | | AT HOME | In land | | Gro | ost Brit |
| 13. FATHER'S NAME | - C 47 41 | | 14. MOTHER'S MAIDEN N. | | | |
| | s Gauntlett | | Georgana | Bailey | | |
| 15 WAS DECEASED EVER (Yes, no or unknown) | R IN U. S. ARMED FORCES? To If yes, give wor or dates of services | 1 | informant MR.JOHN A. FRA | NCIS (NEPHEW) |) 5441-NEF | SH.D.C. BRASKA AVI |
| Conditions, if or gove rise to it couse (o), stoting lying couse lost. | nmediate DUE TO | CONTRIBUTING TO DEATH BL | T NOT RELATED TO THE TERMIN | IALD SEASE CONDITION (| GIVEN IN PART 1(0) | 9. WAS AUTOPSY PERFORMED? |
| (IF EITHER, NOTIFY | SUNDERLYING I JOB DE CAUSE OF DEATH | SCRIBE HOW INJURY OCCURR | ED (Enter nature of injury in P. | ort 1 or Port II of item 18) | | YES NO X |
| ZOC. TIME OF INJURY Hour o. m. p. m. | White | | LACE OF INJURY (Home, form, octory, street, office bldg., etc.) | 20f. (City or town) | (County) | (Stote) |
| alive an | at I attended the deced ov. 19. 19 omas A. Wi | | h occurred al/0:40P | ison St. N.C | and on the date | the deceased stated above. DATE SIGNED 1-21-60 |
| 220 BUR AL, CREMATION REMOVAL (Specify) PURT AL | N, 226 DATE THEREOF | 22c. NAME OF CEMETERY | | 22d. LOCATION (City, town | | (Stote) |
| 23 FUNERAL DIRECTOR" | | ADDRESS | 24a. REC' | | GISTRAR'S SIGNATU | |
| MARTIN W. 1 | HYSONG COMPANY | 1300 N. STREET | N. W. VASH DDEC. | INT E 0.00 | arthur S. F. | Laure de |



VS A15 (4) 1SM 9/58

12718

Reg. Dist. No.

| | 1 | CITY OR TOWN (If autside carpatate limits, write RURAL and give neares) (dwn) | C. LENGTH OF STAY IN 16 | c CITY OR TOWN (If autside carporate | timity write RURAL and give | nearest lawy |
|-----|--------|---|--|--|---|----------------------|
| | | normers | 15 days | Laure | L 1 | 10 |
| | (| d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION | rodress) | d. STREET ADDRESS | 1 84 | e. 15 RESIDENCE |
| 'n | | 12 rodford / Willing | Home | 400 muches | my of | YES NO Z |
| | | NAME OF DECRASED | Middle | 4. DATE OF | morrence | Por Year |
| | - | Type or print) | yane | GU DEATH | MADOCK 15 | 1900 |
| | S. S | LEX Jew 6. COLOR OR RACE 7 MARRI | | 8 parte of BIRTH 1900 . | AGE (In years If UNDER 1 YE. lost birthday) Months Day: | |
| | 10a. | . USUAL OCCUPATION (Give kind of work done 10b. I during most of warking life, promise retired) | KIND OF BUSINESS OR INDUS | TRY IT BIRTHPLACE (State or foreign count | 12. CITIZEN | OF WHAT COUNTRY? |
| | _ | americ & | Loudewar | frederick to | 1/10 U | Z./ / , |
| I | 13. | FATHER'S NAME TO A 10. B MG | west | 14 MOTHER'S MAIDEN NAME | | |
| ت | 15 | WAS DECEASED EVER IN U. S. ARMED FORCES? 16 | SOCIAL SECURITY NO II | NFORMANT JULIAN MELL | Address | 2 4 |
| • | (105 | , no, or unknown) (If you give war or dates of service) | 15-26-37470 | daight c | alseriot Le | une m |
| | | 1B CAUSE OF DEATH [Enter only one cause per lin | e far (a), (b), and (c).] | . Coronery | P . 15 | NTERVAL BETWEEN |
| | | PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) | rdiorenal | disease Horan | ifais | 1 day |
| | | CT TO . DUE TO | 16000 | | | - 1 |
| | | Ganditians, if any, which gave rise to immediate DUE TO | missee | | | |
| | | lying cause last. | leridselexb | tie Hyperteus | uin | |
| | CATION | PART II OTHER SIGNIFICANT CONDITIONS C | ONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE CO | OND TION GIVEN IN PART 1(a | PERFORMED? YES NO TO |
| | CERTIF | 200 ACC DENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RIBE HOW INJURY OCCURRED | C (Enter nature of injury in Part I or Port II | af item 18) | |
| | | | JURY OCCURRED 200 PL | ACE OF INJURY Hame, form 20f (City or | rown) (Caun | ly) (Stole) |
| | WEDI | p m 19 While at wark | TAME AND TO THE TAME OF THE TA | tary, street, affice bidg, etc.; | - 10 | |
| | | 21. I certify that I attended the decease | ed from Nov | 2, 1960, 10/4V-1- | 2, 19,that Flast s | aw the deceased |
| - 1 | | alive on Morse 14 , 196 | O, and that death | accurred at 7:26 M, from the | e causes and on the do | ate stated above. |
| | | ACTUAL SIGNATURE Mely & | Lewell, | M.D. Northead | t, city ar tawn, state) | DATE SIGNED |
| , | | PHYSICIAN'S WEBSIER | SEWELL | Rt / Silve | es Alin | - July |
| | 220 | BURIAL, CREMAT ON, 22b. DATE THEREOF | 22c. NAME OF CEMETERY OF | R CREMATORY 226. LOCATIO | N (City, town, for county) | (State) |
| | 23. | FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 24a. REC'D BY REGISTRAL | R 24b. REGISTRAR'S SIGNA | TURE |
| | 1 | 10/9ley Xelly 502 | 4 st Lau | rel mor 1 8 '60 | Chilling B. Ho | antill . |
| | | 0 /- /- | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

12719

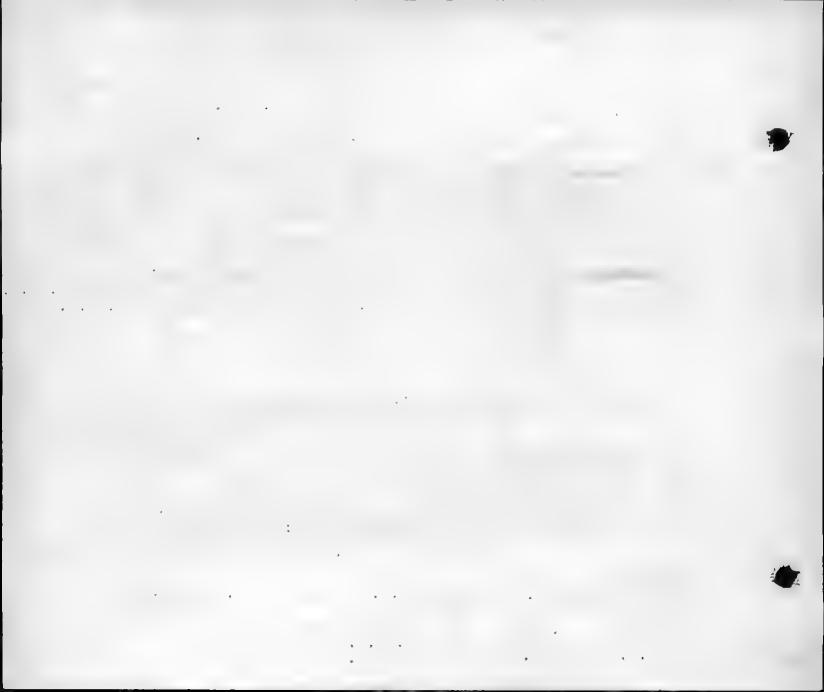
| L | 2.44771 | | Reg. Dist, No. | | | | |
|---|--|--|--|--|---|--|--|
| | • COUNTY NOTES OF PRACE OF PRA | MARYLAND | 2. USUAL RESIDENCE [Where deceases o. STATE | b COUNTY | before admiss on) | | |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c LENGTH OF STAY IN 16 | c city or town (if outside corpo Washington, D. (| | re nearest town) | | |
| | d. NAME OF HOSPITAL (IF HOSPITAL), give street OR INSTITUTION LCDe au Gardens Pursin | | 1509 Gallatin | St. N.W. | e IS RESIDENCE ON A FARM? YES NO | | |
| | NAME OF First (Type or print Mary France | Middle es Gibson | Lost 4. DATE OF DEATH | November | 16 19 60 | | |
| | Female White widowi | | 8. DATE OF BIRTH | The state of the s | YEAR IF UNDER 24 HRS | | |
| | 00. USUAL OCCUPATION (Give kind of work done 10b. during most of working life even if retired) HOUSEWITE | KIND OF BUSINESS OR INDUS | TRY 13 8IRTHPLACE (Stote or foreign co | | nof what country? | | |
| | Milliam Hacel | 34 | 14. MOTHER'S MAIDEN NAME 24.45 | Escouras/ | | | |
| | (Yes, no, or unknown) 1 [If yes, give wor or dates of service] | | FORMANT s. Gordon Gibson | 1509 Walla | | | |
| | Conditions, if only which gove rise to immediate course (a) stelling the under | onic Debilit rexia lile Deterior | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| | PART II OTHER SIGNIFICANT CONDIT ONS | | | | (o) 19 WAS AUTOPSY PERFORMED? YES NO | | |
| | GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRED |), (Enter nature of injury in Port I or Port | t II of dem 18) | | | |
| | 20c T ME OF INJURY Month, Day, Year 20d. It Hour o. m. While of wor | Not while for | ACE OF INJURY (Home form, 20f (City fory, street, office bldg, etc.) | or lown) (Co | unity) (Stole) | | |
| | 21 I certify that I attended the decease olive on NON ID | ed fram Jan July, and that death | ADDRESS (SI | the causes and on the (reet, city or town, state) | saw the deceased date stoted above. DATE SIGNED JOV 16,196 | | |
| | PHYSICIAN'S NAME (Type) Robert T. Thi | badeau, M.D. | Kensington, | Mary land | | | |
| | REMOVAL (Spec ty) 11/17/60 | 20c NAME OF CEMETERY OF Ingersoll | Cemetery Or | NON (City, town, or county) ntario, Canae | | | |
| 2 | 3. Funeral director's signature 290. The S.H. Hines Co. Was | L Motor St. N hington 9, D | | | | | |

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ECTOR: After this certificate has been signed by the attending physician and campletely filled in papers. page 3 shauld be detached for use as the burtal-transit permit. Then please remove carbon pap the registrar prior to burial, cremotion, ar remaval, and in any event within 72 haurs ofter death. page 3 shiiuld be detached for use as the burial-transit may be ret TO HOSPITA VS A15 (4) 15M 9/58

ely filled in the funeral director, Pages 1 and 2 should be filed with

2.3%

witer death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12797

CERTIFICATE OF DEATH

8 1272() Reg. Dist. No.

| The same of | | | | | | | | | | | A. |
|---|---------------|---|---|-------------|--------------------------------------|--|--------------------------------|---|---------------|-------------|--|
| A | | ACE OF DEATH MONTGOM | ERY | | MARYLAND | 2. USUAL RESIDI | NCE (Where decease | ed lived. If institut b. COUNTY | | | |
| / | b | CITY OR TOWN (IF RURAL and give near OLNEY | outside corporate limi rest town) | ts, write | 7 DAYS_ | 1 | WN (If outside con HERSBUR) | | RURAL ond giv | e nearest t | own) |
| *** | d. | OR INSTITUTION | L (If not in hospital, g RY GENERA | | | d. STREET AD | DIAMONI |) AVENUE | | , 01 | RESIDENCE N A FARM? |
| 3 | DI | AME OF ECEASED (ype or print) | GLAD: | | Middle LUCY | tost GILLIAM | 4. DATE OF DEAT | Moi MOVE | MBER | Day 18 | Year 19 60 |
| | s. se | EMALE | 6. COLOR OR RACE WHITE | 7. MAR | RIED NEVER MARRIED DIVORCED DIVORCED | 8 DATE OF BIRTH 4/15/1 | 890 | 9. AGE (In years lost birthday) 70 yrs. | | YEAR IF UI | NDER 24 HRS |
| Y. | 7 1 | housewif | i (Give kind of work in ing life, even if retired B | done 10b. | KIND OF BUSINESS OR INDI | West | Virginia | country) | | S.A. | AT COUNTRY? |
| - | | JOHNSO | N K. LIL | | | 14. MOTHER'S A | | | | | |
| | | | IN U.S. ARMED FOR yes, give war or doren of a | ernobe) | SOCIAL SECURITY NO | HOSPIT | AL RECO | RDS | ress | | |
| PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) BOCKS Sarald | | | | | | | | | | ONSET A | BETWEEN NO DEATH |
| | | Conditions, if on gove rise to im couse (a), stoling It | mediote (| | Pulmona | ry Tu | berev. | 10515 | | to | 765 |
| 54 | CERTIFICATION | PART II OTHE | R SIGNIFICANT CON 20 h 101/ | DITIONS | CONTRIBUTING TO DEATH BL | TNOT RELATED TO | THE TERMINAL D SEA | SE CONDITION GI | VEN IN PART I | PEI | AS AUTOPSY REORMED? |
| | CERTIFI | ACCIDENT WAS OR CONTRIBUTING OF IF EITHER, NOTIFY W | UNDERLYING TO CAUSE OF DEATH (EDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OCCURR | ED (Enter noture of | njury in Port I or Po | ort II of item 18.) | | | |
| | MEDI | Oc. TIME OF INJURY Hour o. m. p. m. | 19 | While of wo | Not while | IACE OF INJURY (He octory, street, office I | bldg., etc.) | | , | unty) | (Stote) |
| * 1 | , s | 21. I certify that alive an No. ACTUAL SIGNATURE PHYSICIAN'S | t I attended the | 106 | sed fram Oct. | h | J = 11 c. | | E 41 | | deceased ted above. DATE SIGNED 1-19- |
| | 220 | NAME (Type) BURIAL, CREMATION | , 22b. DATE THEREC |)F | 22c NAME OF CEMETERY | OR CREMATORY | 22d tOC | ATION (City, town, | or county) | | Stote) |
| 1 | B | REMOVAL (Specify) | 11-21-6 |) | Forest Oak | | G-1. | thersburg | Mary | Land | |
| Y | 23 50 | UNERAL DIRECTOR'S | e 3 | oseto | ADDRESS | | 240. REC'D BY REGI | STRAR 246. REG | STRAR'S SIGN | | |

ofter death. Page 4 Pages 1 and 2 should be filed with ne funeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs moy be refule by the hospital ar othending physician. Then please remove carbon papers. page 3 should be detached for use as the burial-transit permit. Then please remove carbon pape the registror prior ta burial, cremotian, or remaval, and in any event within 72 hours after death. TO HOSPITAUS VS A15 (4) 15M 9/5B



Circling & Thouse

| | ~ 1 0 () | | | | Reg. Dist. | , No. |
|--|--|----------------------------------|--|-------------------------------|---------------------------------|-------------------------------|
| PLACE OF DEATH | | | 2. USUAL RESID | ENCE (Where deceased live | ed. If institution, Residence | befare admission) |
| | ontgomery | MARYLAN | D a. STATE | Maryland | b COUNTY FT MODE | TRODYTAN S |
| b. CITY OR TOWN (I RURAL and give no | If outside corporate limits, w | vrite c LENGTH OF STAY IN 1 | b c. CITY OR TO | OWN (If outside corporate | limits, write RURAL and gi | re nearest town) |
| Fairland | A F A - A - | Spring. 3Yrs. | | 1444484244 | M44 Mt Rain | ier Md |
| d NAME OF HOSP T OR INSTITUTION | TAL (If not in hospital, give | | d. STREET AC | DRESS | 4 | e. IS RESIDENCE ON A FARM? |
| | ng Home. | | 2901 | Allison St. | 12 47 | YES NO |
| NAME OF DECEASED | First | Middle | Lost | 4 DATE | Month | Day Year |
| (Type or print) | Marw | J Goodwine | | OF DEATH | 11/ 11 / | 60 19 |
| . SEX | | MARRIED NEVER MARRIED | B DATE OF BIRTH | 9 A | GE (In years IF UNDER 1 | YEAR IF UNDER 24 HRS |
| F | W w | DOWED TO DIVORCED | Nov 21 | | 92 yes Months D | Days Hours Min |
| Od. USUAL OCCUPATIO | ON (Give kind of work done | 10b. KIND OF BUSINESS OR IN | | | | EN OF WHAT COUNTRY |
| House W | king life, even if retired) | Home | } | Ind. | | U.S.A. |
| FATHER'S NAME | | | 14. MOTHER'S / | | - | |
| | | Moore | T | Inknown | | |
| . WAS DECEASED EVE | | 7 16 SOCIAL SECURITY NO. | INFORMANT | TOPPOST TOP | Address | Rainic |
| 20.00 | (If yes, give war or dates of service | | irs Willi | iam Scull | 2901 Allison | de |
| No. | No | per line for (a), (b), and (c).) | ILS STEE | | | INTERVAL BETWEEN |
| gove rise to it couse (a), stating lying couse last. | the under- DUE TO | O) C CONTRIBUTE C TO DESTU | DUTANCE TO TO TO | THE TERMINA DATE AT CO | | TALLED MARK ALTERNATION |
| PART IT OTP | IER SIGNIFICANI COND 11 | ONS CONTRIBUTING TO DEATH | SUI NOI RELATED TO | THE TERMINAL DISEASE CO | NDITION GIVEN IN PART | PERFORMED? YES NO |
| (IF EITHER, NOTIFY | AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCU | RRED. (Enler noture of | injury in Part I or Port II o | f item 18.} | |
| 20c. TIME OF INJUR Hour o. m | | | PLACE OF INJURY (H foctory, street, office | ome, form, 20f (City or t | own) (Ca | unty) (State |
| Hour o.m. | | While Not while at work | the state of the s | 1 | | |
| 21. I certify th | at I attended the de | ceased from NO IV | 1956 | to NOV. 11 | , 1%_ ^D ,that last | t saw the decease |
| alive on NO | | | | | causes and an the | |
| | 201 | A / P | | | city or towns state) | DATE SIGNE |
| ACTUAL | Lila | ale and. | MD/3000 | GA. ADE -5 | 5.178. | 11/11/60 |
| PHYSICIAN'S NAME (Type) | S.L.TA | BB M.D | | | | |
| 20. BURIAL, CREMATIO | N 22b DATE THEREOF | 22c. NAME OF CEMETER | Y OR CREMATORY | 22d. LOCATION | (City, town, or county) | (Stote) |
| REMOVAL (Specify) | 11/14 | | Louisiana | | ouisiana | , |
| . FUNERAL DIRECTOR | | | | 26 REC'D BY REGISTRAR | 24b REGISTRAR'S SIGN | NATURE |
| W. K. Hun | temann & Son | 5732 Georgia | | DATE 4 100 | | 04 |
| | | | | | | |

may be remained by the haspital or attending physician.

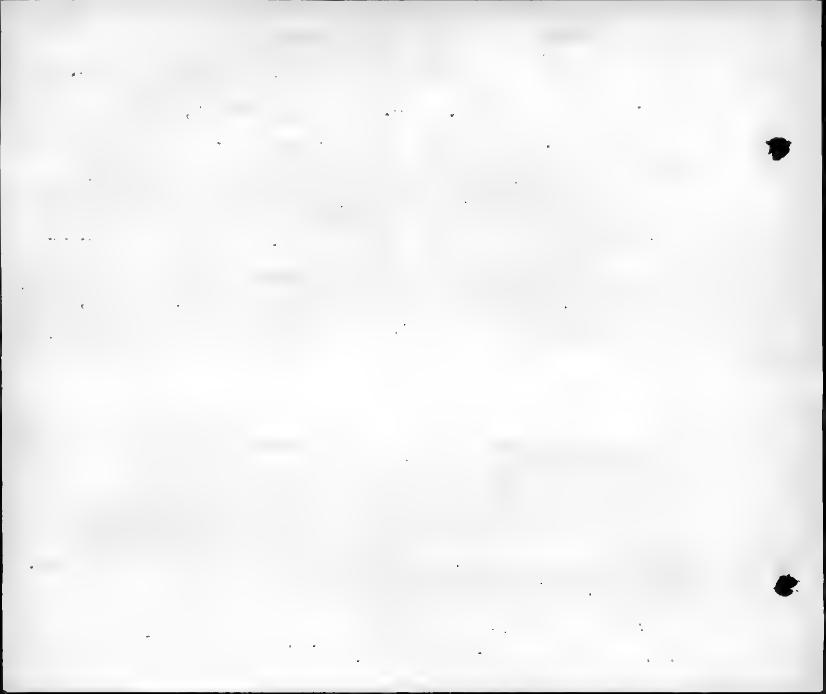
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 3 the registrar prior to burial, cremation, or removal, and in any event within 72 hays after death. TO HOSPIT VS A15 (4) 15M 9/58

after death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hg

the funeral director, shauld be filed with

and 2 shauld



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AN PLACE OF DEA 2. USUAL RESIDENCE (Where deceased I yed, if institution, Residence before admission) . COUNTY files. Health, **b.** COUNTY MARYLAND c. LENGTH OF STAY IN 16 IS RESIDENCE ON A FARM? YES NO P NAME OF Middle Month (Type or print) AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED NEVER MARRIED (ast birthday) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ARMED FORCES? 1 16 SOCIAL SECURITY NO (Yes, no, or unkown) ((fyesgivawarordetasofservica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)] IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO L FOR. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Pert II of item 18) 20% EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CERTIFIC CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year | 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (Stete) While Not While fectory, street, office bldg., alc.) al work at work be forwarded to make RAL DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy [...]. Inspection 🚛 Inquiry Q. and in my opinion Natural causes W Accident , death resulted from: Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ease execute the ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE NAME (Type) DEPU Address (Street, erty, lown, or county) 22a, BURIAL, CREMATION 22c NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or country) 25MOYAL (Spac fy) NOV. 21, 1960 KING DAVID MEM-GARDEN FALLS 240 g BURIAL CHURCH 23. FUNERAL DIRECTOR 240 REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE VS. A15ME arithur S. Kraus BERNARD DANZANSKY USONS - 3501-14054 N.W. DATE NOV 22'60 5M 7/59



12723

arthur & Henry

19696

CERTIFICATE OF DEATH

| PLACE OF DEATH O. COUNTY MONTGOMERY | MARYLAND 2 USUAL RESIDENCE MARYLAND | (Where deceased fived If institution b COUNTY) | Res dence before admission) ONTGOMERY |
|---|--|--|--|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) SILVER SPRING | ENGTH OF STAY IN 16 CITY OR TOWN | l (If outside corporate limits write RUR GTON | (AL and give nearest town) |
| d. NAME OF HOSPITAL (if not in hospito), give street oddre OR NST TUTON WHEATON-SILVER SPRING NURSI | | CATUR STREET | e. IS RESIDENCE ON A FARMI YES NO |
| 3. NAME OF DECEASED (Type or print) DAVID BR | Middle Lost AINARD GOTTWALS | 4. DATE Month OF DEATH NOT | Day Year V. 21 19 6 |
| 5. SEX 6 COLOR OR RACE 7 MARRIED [MALE WHITE WIDOWED [| NEVER MARRIED 8 DATE OF BIRTH DIVORCED 8/9/58 | 1 2 553 3 4 5 E | FUNDER I YEAR IF UNDER 24 H Months Days Hours Min |
| 100. USUAL OCCUPATION (Give kind of work done 10b KIND during most of working life, even if retired) BUILDER - Self-employed | | State or foreign country) • CANADA | 12. CITIZEN OF WHAT COUNTR |
| 13. FATHER'S NAME ABRAHAM Z. GOTTWALS | MARY WAGN | | |
| 15 WAS DECEASED EVER IN U S ARMED FORCES? 16 SOCI | None Mrs. Esther | G. Crandall, 2500 Washington | Upton St., N.W |
| 18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (o), stoting the under-lying cause last. | Thealige | à Caring | INTERVAL BETWEEN ONSET AND DEATH 3 C |
| 2001. | RIBUTING TO DEATH BUT NOT RELATED TO THE | | N IN PART 1(a) 19 WAS AUTOP PERFORMED? YES NO |
| | HOW INJURY OCCURRED [Enter nature of injury OCCURRED 20e. PLACE OF INJURY (Home. | | (County) (Sta |
| Haur o. m. 19 While at wark | Nat while at work factory, street, affice bldg | | (60011) |
| 21 I certify that (I) (this haspital) attended to saw the deceased alive an 220 SIGNATURE) 2 PASSICIAN S NAME (Type) JOHN S. ROGERS | and that death accurred of M.D. ATTENDING PHYS | MED DIRECTOR STAFF PHYS. | 111 |
| REMOVAL (Specify) | ENWOOD CEMETERY | 23d LOCATION (City, town, or WASHINGTON, D | _ ** |
| 24 FUNERAL DIRECTOR'S SIGNALIRE WARNER E. PUMPHREY INC. | APDRESS SILVER SPRING, MD. 250 | MOV 2 Right | RAR'S SIGNATURE |

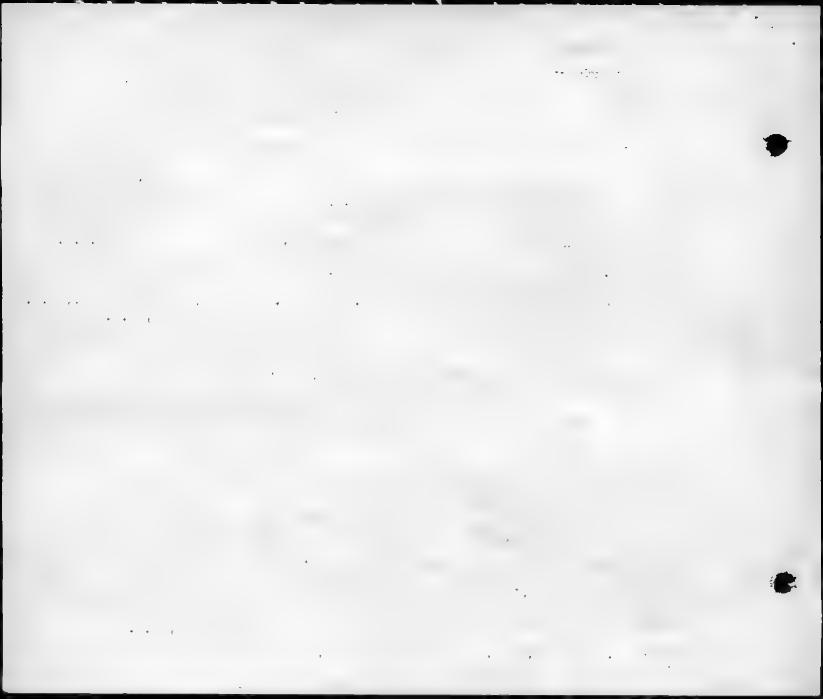
DATE

--A A

death. Page 4 WITH funeral directar, 8 ond executed within 24 hau completely filled within 72 hours after death g physician and a remove carbon p puo TO HOSPITALZ'S ATTENDING PHYSICIAN: The taw requires that the death certificate be may be retained by the hospital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or page 3 should be detached for use as the burial-transit permit. Then please remove carbothe State Board of Health prior to burial, cremoton, or removal, greathings event, within 72

VR A1S (4) 1SM 9/59



TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

1279 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE I, MARYLAND
CERTIFICATE OF DEATH

| - | | | | | 1-11148 6 1 | 7 1 2 2 | | | | | | | |
|----------|--|---------------------|---|--|-------------|---|------------------------|-------------------|---|---------------------|---------------------|--|--|
| 1 | PLACE OF DEATH | ONT COMERY | | MARY | - 11 | USUAL RESID | | | Lived If instituti b COUNTY | | | re admissi NGRY | |
| | b. CITY OR TOWN (RURAL and give no FAI | IN 1b | c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) | | | | | | | | | | |
| 1 | OR INSTITUTION | FAIPLAND 1 | | | | d STREET ADDRE | | RFD | | | | e is residence on a farma yes \(\text{NO} \(\text{PS} \) | |
| 3. | NAME OF DECEASED (Type or print) | PATRICIA | | Middle S • | | OW Last | 4. DATE OF DEATH | | Month NOV . | | 15 | 15 Year 19 60 | |
| 1 | SEX SEX | a structure | MARRIE | D NEVER MARRIE | 7 | /3/86 | | | 9 AGE (In years last birthday) 74 yrs | Months | | Hours | R 24 HRS Min. |
| П | a USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired) Homemaker | | | NIND OF BUSINESS OR INDUST | | Scotland | | | sentry) | | EN OF WHAT COUNTRY? | | |
| | James Stirling | | | | | 14. MOTHER'S MAIDEN NAME Elizabeth Rae | | | | | | | |
| | S. WAS DECEASED EVE | RIN L S ARMED FORCI | | NFORMANT Address Address Olney, Md. | | | | | | | | | |
| | IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate cause (o), stating the under-lying cause lost. (b) DUE TO Lying cause lost. | | | | | | | | | | DEATH | | |
| | YES [| | | | | | | | | | PERFO YES | RMED? | |
| CEBT | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | | | | | | | |
| AVENICAL | 5 20c. TIME OF INSUI | RY Month, Day Year | White | Nat while at wark | | OF INJURY (I street, affice | | | or town) | | (Caunty) | | (State) |
| | 21. I certify that (I) (this haspital) attended the deceased from | | | | | | | | | | | stated | we) lasi labave b DATE SIGNED |
| | 22c. PHYSICIAN'S NAME (Type) | | 22d ADDRE | 500 | why - | <u> 1177C</u> | 9 | 1 | g. | | | | |
| 2 | 3a BUR AL, CREMAT C REMOVAL (Spec by CFT MITCH) | | 1 | 23c NAME OF CEM | | | Y | BSIW 539 TOGYL | | COUNT at commits | | (Stat | e) |
| 3 | REYMERAL DIRECTOR | Jel 24 9 14 1 | G. S | SIIN SPR | FMG, N | ID. | | D BY REGIST | | STRAR'S S | 4. | | |

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on a FARM?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES X NO

(Stote)

22b DATE SIGNED

(Stote)

Virginia

25b REGISTRAR'S SIGNATURE

Cirthur S. Kraus

12 CITIZEN OF WHAT COUNTRY?

Day

Dovs

U.S.A.

(County)

Arlington

25o, REC'D BY REGISTRAR

NOV 1 6 '60

19 60 that (1) 0980 last

YES NO 🔀

Yeor

19 60

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY STATE COUNTY Prince William MARYLAND irginia Montgomery CITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town davs Gainesville Bethesda (Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION RFD #1 U. S. Naval Hospital NAME OF First Middle 4. DATE Month DECEASED GOWAN DEATH (Type or print) Herbert November Boyce 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX B. DATE OF BIRTH AGE (In years last birthdoy) Months WIDOWED | DIVORCED | 11-3-04 Male Caucasian 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) Mariner (Retired) U. S. Navv So. Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christopher GOWAN Frances EARNEST 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address 1945 same as #2 above Mrs. Laura Gowan. Yes CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** Conditions if any, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Year foctory, street, office bldg., etc.) House O. m While Not while at work of work 1960 to Nov. 14 21. I certify that (I) (MXXXXXXXXXIX) attended the deceased from Oct. 20 1960 saw, the deceased alive on Nov. 14 and that death accurred at 122 M. from the causes and an the date stated above. 226 SIGNATURE ATTENDING MED. PHYS M D PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type R. E. AKERS. LT. MC. S. Naval Hospital, Bethesda, Md. 230 BUR AL, CREMATION. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) REMOVAL (Specify)

Arlington National

ADDRESS

W.W.Chambers, 3072 M St., NW, Washington, D. C. DATE

page 3 shauld the State Board FUNER 0 0 VR A15 (4) 1SM 9759

director, Page

funeral after death

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Pages

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burial-transit

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Burial

24. FUNERAL DIRECTOR'S SIGNATURE

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ar attending physician, s certificate has been s

After this

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25b. REGISTRAR'S S GNATURE

Calhun 9 Karre

250 REC D BY REGISTRAR DATE NOV 2 8 '60

CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY a. STAT **b** COUNTY MARYLAND GOMCT CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital give street address) d STREET ADDRESS e IS RESIDENCE MSTITUT ON A FARM? YES NO 📉 0 NAME OF M. ddle Day Year DECEASED DEATH (Type or print) 19 6 6 S. SEX 6. COLOR OR RACE B. DATE OF 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED | Manths. Days Hours DIVORCED | WIDOWED [100 USUAL OCCUPATION (G ve kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even frelired)

Dr ot Droadcastikg Retiled 12. CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 15 WAS DECEASED EVER IN J S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI Address (if yes, give war or dates of service) 18 CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c) INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) DUE TO Canditions, if any, which (b) gave rise to immediate DUE TO cause (a), sloting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS WAS AUTOPSY PERFORMED? YES NO DA 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form | 20f (City or town) Month. Doy, Year 20d INJURY OCCURRED (County) (Sigle) factory, street, affice bldg, etc.) Haur o. m. While Nat while ot wark ot work p m. 1960, to Nov. 24, 1960 that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased fram... uni saw the deceased alive an and that death accurred at \$\mathbb{Z} \nn M\$, from the causes and on the date stated above 220 SIGNATURE 22b DATE ATTENDING PHYS S GNED MED DIRECTOR M.D. 0 22¢ PHYS CIAN'S 22d. ADDRESS NAME (Type) 23a BURIAN CREMATION 123h. DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY JOCATION (City town, or county) (Stote) REMOY LEEMATORY NOV.

ADDRESS

9 VR A15 (4) 15M 9/59

24-FUNERAL DIRECTOR'S SIGNATURE



15M 9/59

IS RESIDENCE ON A FARM?

YES NOX

Hours

INTERVAL BETWEEN

ONSET AND DEATH

months

WAS AUTOPSY

(Stole)

225. DATE SIGNED

(State)

PERFORMED? YES IC NO

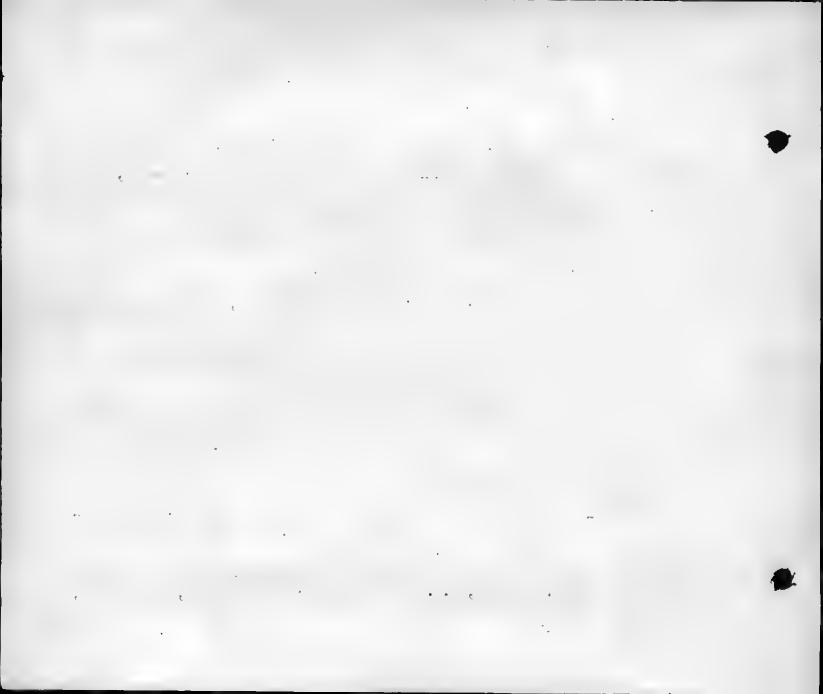
Days

USA

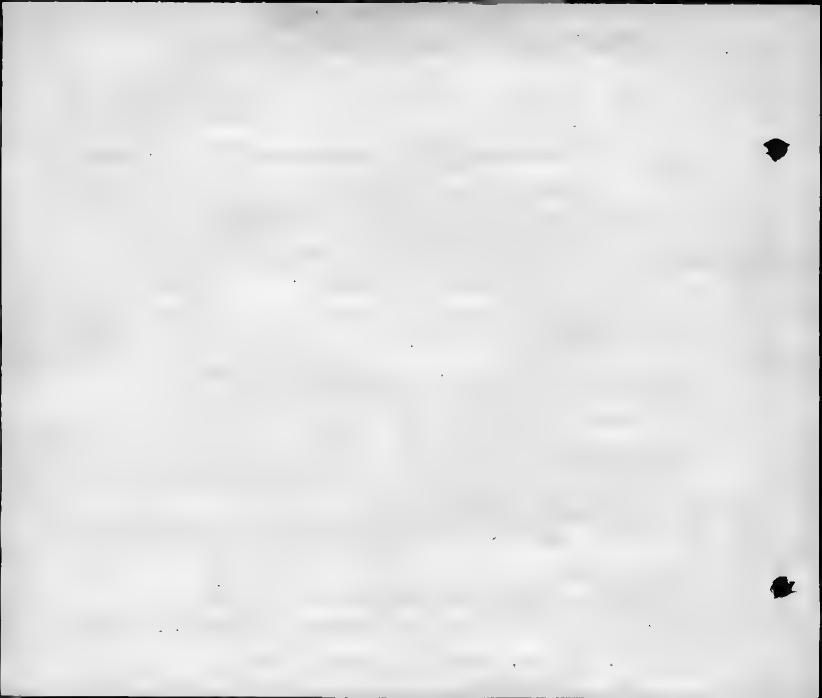
(County)

Year

1960

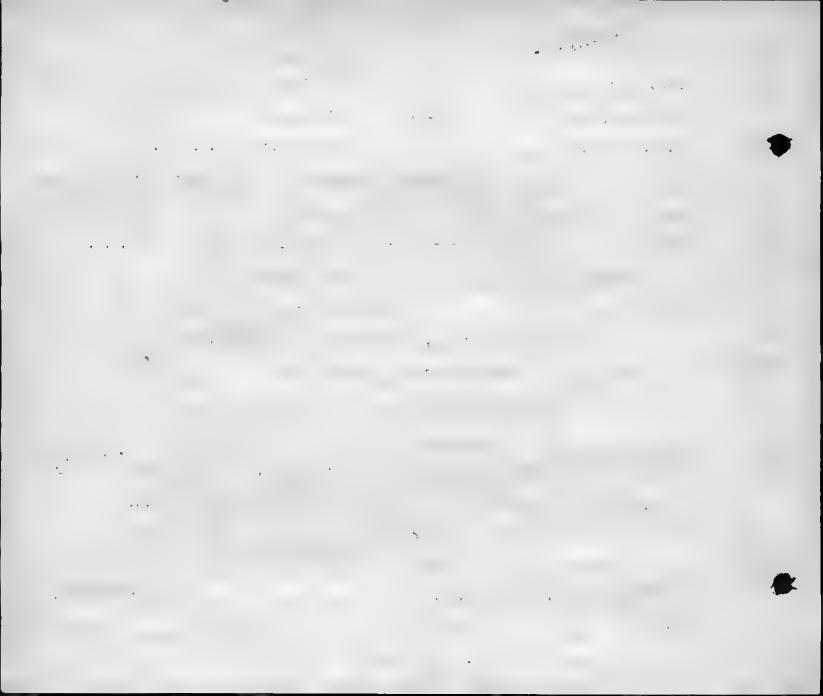


| 1 | MARYLAND STATE DEPARTMENT OF HEALTH |
|--|--|
| FOR STATE | 12802 MEDICAL EXAMINER'S CERTIFICATE OF DEATH |
| HEALTH DEPT. | 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, H institution: Residence before admission) a. COUNTY b. COUNTY |
| Part of the state | Manyland mod monty |
| | b. C.TY OR TOWN (if outs descriporete limits, write RURAL end give nearly town) wite RURAL end give nearly town) Potamac |
| dire dire oard | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM? |
| iff, | 8604 Bridgerd Rd 8604 Brickspard Rd YES NO FO |
| If amy the far retai he St r dea | 3. NAME OF DECEASED (Type or pont) Ref 19 (by) OF 19 (by) OF 19 (by) |
| 3 to 3 to y be with t | 5. SEX 6. COLOR OR KACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS |
| A 2 vand | Months Deys Hours Min. Male WIDOWED DIVORCED 9-4-60 Months Deys Hours Min. |
| 1,2 1,2 1,2 1,2 1,2 1,2 1,2 1,2 1,2 1,2 | done during most of working life, even if refired) |
| A hour Page M3. Pages vithin | 13 FATHER'S NAME |
| Give Give | 15. WAS DECEASED EVER IN U. S. ARMED ORGES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT 7 |
| This for mit, over my even | [Yes, no, or unkown] [lifyesgive wer or detector frice] none B. The Grill (m. Th.) Ity |
| n hem n hem so with in any | 18. CAUSE OF DEATH [Enter only one cause per line for (s), (b), and (c), PART I, DEATH WAS CAUSED BY: |
| mcil i | IMMEDIATE CAUSE (6) |
| shauld so Office of burial semoval, | Conditions, if any, which (b) Make Reskustry Sufection 22 |
| ling" ling" er's C es a b | gave rise to immediate cause (a), stating the underlying DUE TO |
| iffical pend amin sed a | Causa last, (c) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1'61 19. WAS AUTOPSY |
| Paragraphic V | YES NO La |
| This was the was the waste of t | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1'6) 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING CAUSE OF DEATH. |
| Page 7 | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State, Hour s.m., p.m., 19 at work at work |
| 10 to | 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion |
| DICA e certi | death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner . |
| PULL TED | ACTUAL SIGNATURE THE SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPU |
| OCA PIO | NAME (Type) FANK J. 13/05 Cha fit Address (Streat, city, town, or county) |
| 전 85 년 2 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 | 226. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 11/7/60 Cedar Hill Cemetery Suitland, Maryland |
| 0 <u>4</u> 4 0 9 | 23. FUNERAL DIRECTOR ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE |
| VS. A15ME 5M 7/59 | Robert A. Pumphrey, Bethesda, Maryland DATE NOV 9 '60 Carthay & Kraus |
| havs | 2074282XV4 |



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY y is nece. Page director. Page District of Columbia MARYLAND Montgomery b. CIY OX TOWN (If outs de corporete | mits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give reserved town) e. LENGTH OF STAY IN 16 write RURAL end give nearest town) Bethesda (Rural) 3 hrs. d NAME OF HOSPITAL OR NST (JION (if not in hospital, give street eddress) Washington d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO TO U. S. Naval Hospital 1305 U Street, S.E. NAME OF Middle 4. DATE OF DECEASED (Type or print) DEATH 19 60 Staples HAESLOOP November Idly 9. AGE IIn years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE TO MARRIED NEVER MARRIED B. DATE OF BIRTH lest birthday, Months Days Caucasian | WIDOWED X Female. Sand Se 100. L SUAL OCCUPATION (G va kind of work 10b. KND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fore go country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S.A. Virginia Housewife Give Pag 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME Mamie LAWLER Ebert STAPLES 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) , (Ifyesgivewarordelesofservice) Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage, intracerebral, spontaneous, left (Massive IMMEDIATE CAUSE (a) DUE TO Atheresclerosis, generalized Conditions, if eny, which gave rise to immediate couse DUE TO (a), stating the underlying PART II OTHER SIGN FICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 21 19. WAS AUTOPSY PERFORMED? 2 to YES X NO 70 6 20h. DESCRIBE HOW INJURY OCCURED, Enter neture of snurry in Part I or Part II of stem 18., 2De. EXTERNAL CAUSE WAS PRIMARY C's or CONTRIBUTING □ for bed. CAUSE OF DEATH. Found unconscious on floor at home, apparently fallen preparing writing of Chief I age 3 20d. INJURY OCCURRED , 20e PLACE OF INJURY (Home, ferm, 2Df. (City or town) 2De. TIME OF INJURY (County) fectory, street, office bldg., etc.) While Not While : Washington, D.C al work at work X Home Appr. Lee 21 I certify that I took charge of the remains described above, held an Autopsy XI. Inspection 1. Inquiry 1. Oa ecuse the forwarded ... ERAL DIRECTO Natural causes X Accident 1 Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE BIGNED lease execution should be for PUNERAL SIGNATURE -DEPUTY MEDICAL EXAMINER X Address (Street, city, town, or county) Gaithersburg, Ma. Frank J. BROSCHART, M.D. NAME (Type) DEPU 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 220 BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 11-7-60 Arlington National Arlington Virginia <u>540</u> § Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Critica & House Lee Funeral Home, 4th & Mass, Ave.NW, WashDC 5M 7/59 DATE

RYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

Rea, Dist. No.

funeral director, ald be filed with

| ago | | | PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 3. COUNTY MARYLAND COUNTY MARYLAND |
|---------------------|--|----------|--|
| E 4 | | _ | Montgomery City Or TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| toep | ag P | | RURAL and give nearest town) |
| lie i | s should | | (Rural) Poolesville, Md Nillard Rd, Poolesville, Md Name Of Hospital (If not in hospital, give street oddress) OR INSTITUTION C. IS RESIDENCE ON A FARM? YES \(\text{NO.} \) YES \(\text{NO.} \) ON A FARM? |
| 000 | T Pu | 3. | NAME OF First Middle Last 4. DATE Month Day Year |
| in 24 | 2 2 | | Type or print) NORA MAOMI HALL DEATH RE-very 16 1960 |
| With the | s Po | 5. | 16. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1875 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HE WIDOWED DIVORCED DIVORCED Min |
| xecute | Poper eath | 10c | USGA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Stole or foreign country) 12 CITIZEN OF WHATCOUNTR WARRING Information (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Stole or foreign country) 12 CITIZEN OF WHATCOUNTR 13 CITIZEN OF WHATCOUNTR |
| te be e | ocrebo | 13. | FATHER'S NAME 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 15 COLUMN TO THE STATE OF THE ST |
| certifica | remove 72 hours | | WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANTS PETTLIA Hall - Portable Med |
| t path | eose thin | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] |
| o de | M. W. | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROPRIATE CAUSE (b) |
| to the | The | | DUE TO |
| 1 th | g air g | | Conditions, if any which gove rise to immediate (b) Willoutalle Conditions of the Condition of the Conditions of the Condition of the Conditions of the Cond |
| aquin n. | in per control of the | | couse (o), storing the under lying couse lost. |
| e law n physicia | as been al-trans avol, all | CATION | PART II OTHER'S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES NO |
| IAN: The | the buri | CERTIFIC | 206 ACCIDENT WAS UNDERLYING 1 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) |
| PHYSIC of or off | use as emation, | MEDICAL | 20c. TIME OF INJURY Month Day, Year 20d INJURY OCCURRED Hour o. m, While Not while at wark of wark of wark |
| Sp. de | | | 21. I certify that I attended the deceased from 4.000 to 1955, to 7.00 16, 1960, that I last saw the deceased |
| NDI be be | scher scher | | alive an 1200 16 , 1960 , and that death accurred at 437M, from the causes and an the date stated above |
| ATT by H | be deto | | ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE |
| IA relo | hould fror pri | | PHYSICIAN'S NAME (Type) |
| DSPI Dec | e 3 s | 220 | PARIAL CREMATION 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATIONY 22d. LOCATION (CVIV, 'own, or county) |
| OF | P of a | 23. | Durial 11/19/60 Warren, Chapel, Martinsburg, and |
| VS A15 | (4) % | 2.3. | ANDREAD DIRECTOR'S SIGNATURE 1 240. REGISTRAR'S SIGNATURE LEVEL A REC'D BY REGISTRAR'S SIGNATURE DATE NOV 2 2 '60 Couling & Trans |
| - 4111 77 | A | | |

Henr

TO DEPUT: IEDICAL EXAMINER. This certificate should be executed within 24 hours effer death. If any is necessary, makes executed within 18. Give Paces 1, 2, and 3 to fine fune director, Page 5 and 3 to fine fune director. Page 5 and 5 to fine fune 1 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burishment permit. File pages 1 and 2 with the State Board of Health, makes 1 and 2 with the State Board of Health, makes 1 and 2 with the State Board of Health, makes 1 and 2 with the State Board of Health, makes 1 and 2 with the State Board of Health, makes 1 and 2 with the State Board of Health, makes 1 and 2 with the State Board of Health, makes 1 and 2 with the State Board of Health, makes 1 and 2 with the State Board of Health, makes 1 and 2 with the State Board of Health, makes 1 and 2 with the State Board of Health, makes 1 and 2 with the State Board of Health, makes 1 and 2 with the State Board of Health was 1 and 2 with the State Board of Health was 1 and 2 with the State Board of Health was 1 and 2 with the State Board of Health was 1 and 2 with the State Board of Health was 1 and 2 with the State Board of Health was 1 and 2 with the State Board of Health was 1 and 2 with the State Board of Health was 1 and 2 with the State Board of Health was 1 and 2 with the State Board of Health was 1 and 2 with the State Board of Health was 1 and 2 with the State Board of Health was 1 and 2 with the State Board of Health was 1 and 2 with the State Board of Health was 1 and 2 with the State Board of Health was 1 and 2 with the State Board of Health was 1 and 2 and 2 and 3 an VS. A15ME SM 7/59

AARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH UI 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) e. COUNTY **b.** COUNTY Michigan Montgomery MARYLAND b. CITY OR TOWN (if ours de corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 4 days Bethesda (Rural) Inkster d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? S. Naval Hospital Oakwood Avenue YES NO X 3. NAME OF Middia Last 4. DATE Day DECEASED OF (Type or print) Dewitt Clinton HAMET. DEATH November 60 19 6 COLOR OR RACE 7. MARRIED 30 NEVER MARRIED SEX 8. DATE OF BIRTH AGE III Years I IF UNDER 1 YEAR I IF UNDER 24 HRS. last birthday) | Months | Days 11-20-26 Male Caucasian WIDOWED YIN. 10a. USUAL OCCUPATION (Give kind of work 106, KING OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Mariner U. S. Navv Michigan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TY J. HAMEL Marie MEADE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Yes 1945 to DOD 369-22-3408 Hospital Records 18. CAUSE OF DEATH [Fotor only one cause par I'ne for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Transection of spinal cord at C3-4 region days IMMEDIATE CAUSE (6) **OUE TO** Conditions, if any which " Comminuted fracture of cervical vertebrae days geve rise to mmediala cause **QUE TO** (a), stating the underlying Automobile accident cause last. 5 days PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,012 19. WAS AUTORSY PERFORMED? YES IX NO -20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enler nature of Injury In Part I or Part II of IIam 18.) headon collision. PRIMARYS or CONTRIBUTING Driver of car which left road and overturned attempting to avoid 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, Farm, 20f. (City or Jown) Month, Cay, Year (County) (State) fectory, street, office bldg., atc.1 While Not While al work al work X Street-Rt.222 Cecil 11-3 19 60 Aiken Maryland 21. I certify that I took charge of the remains described above, held an Autopsy & . Inspection [Inquiry and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CH EF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TX 11-9-60**EXAMINER'S** Frank J. BROSCHART, M. D. Addrass (Streat, city, town, or county) Gaithersburg, Md. NAME (Type) 228. BURIAL CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State)

Michigan

Detroit

DATE NOV 1 4 '60

24a. REC'O BY REGISTRAR / 24b. REGISTRAR'S SIGNATURE

ATE

MEPT.

REMOVAL (Spacify)

23. FUNERAL DIRECTOR

W.W.Chambers

Burial-Shipment?

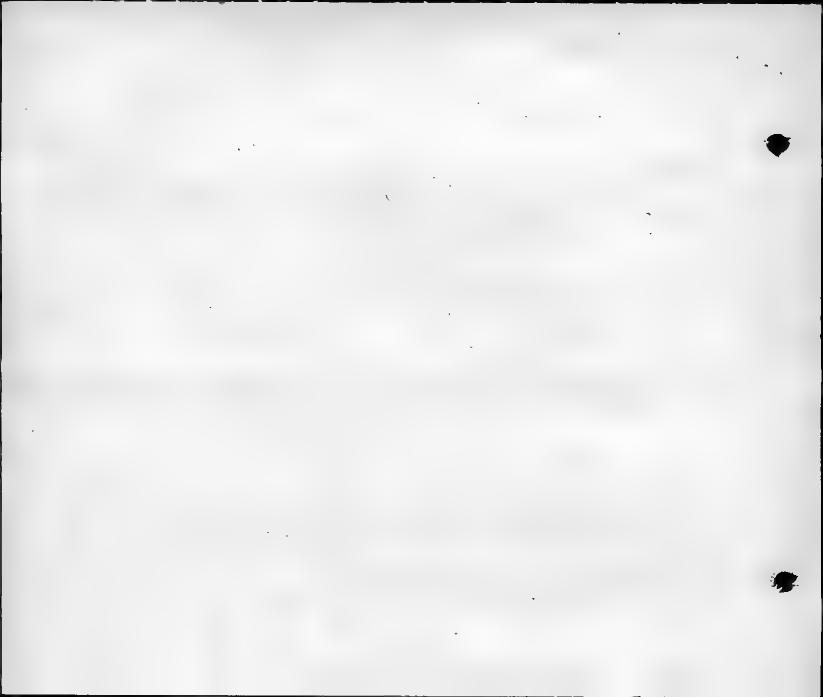
11-10-60

AODRESS

1400 Chapin St., NW, WashDC



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 12806 CERTIFICATE OF DEATH director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased tived If institution, Residence before admission) n. COUNTY p. STATE **b.** COUNTY MARYLAND death uneral b. CITY OR TOWN (If putside corporate limits, write E. ZENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits/write RURAL and give nearest town) RURAL and give peofest lover P 3x Thereof d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION YES NO IX NAME OF Middle 4 DATE Month Yeor Day DECEASED OF the death certificate be executed within 24 DEATH (Type or print) death 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE В DATE OF BIRTH MARRIED NEVER MARRIED Months Doys Hours DIVORCED complet WIDOWED [7] yrs. ŧ papers. 90. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 2 guo pou 2 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME 6 ğ .⊑ Ē physici гетоле 17 INFORMANT ARMED FORCES? SOCIAL SECURITY NO. Address aftending 578 INTERVAL SETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH <u>a</u> PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) DUE TO ٥ Conditions, if ony, which permi (b) gned gove rise to immediate DUE TO couse (a), stating the underlying couse last. the burial-transit Ь or affending physicial certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION crematian, PERFORMED? YES NO 🔼 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 206 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY 20e PLACE OF INJURY (Home, form, | 20f (City or tawn) Month, Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg, etc.) Hour a.m. While Not while 19 of work of work p. m. (this hospital) attended the deceased from 16 1960 that (1) (we) tast to saw the deceased alive an 19 GP, and that death accurred at ${\cal Z}$ M, from the causes and on the date stated above. by the DIRECTOR: 22a. SIGNAJARE 22b. DATE SIGNED ATTENDING PHYS STAFF ĝ M.D. D RECTOR PHYS 220 PHYS C AN'S 22d ADDRESS NAME (Type) TO FUNERAL D. Cantor Paul 3 She page 3 shi 23a BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City, lown, or county) (State) REMOVAL (Specify) Frederick. Olivet Cemetery Maryland Mt. Burial 24 FUNERAD DIRECTOR'S S GNATURE **ADDRESS** 25a REC'D BY REGISTRAR 25h REGISTRAR'S S GNATURE Maryland Bethesda VR A15 (4) Pumphrey 160 DATE (Thu: & Hours 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

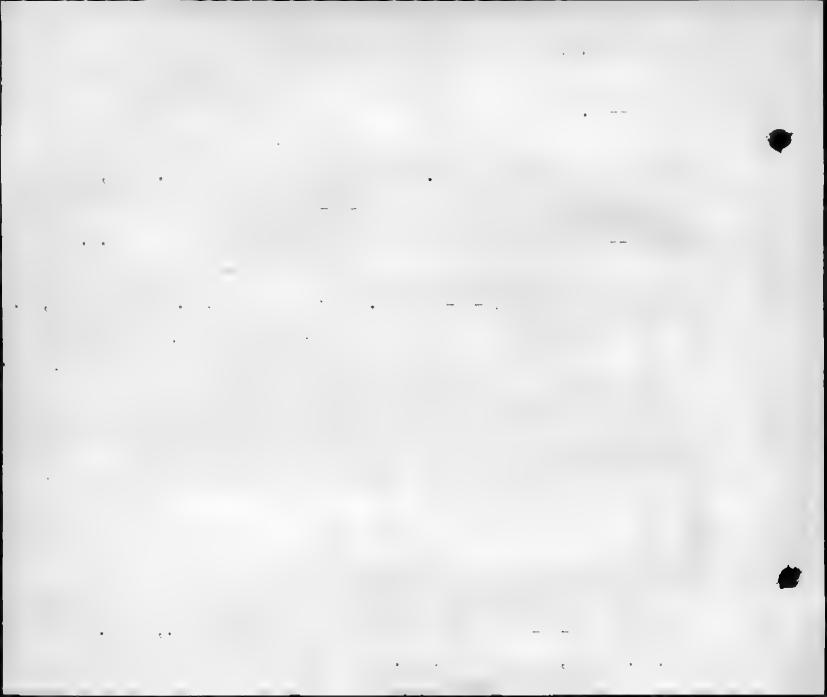
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| A SE | | | 10110 |
|---|-------|--------|---|
| recto | | 1. [| PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) 3. COUNTY MARYLAND MARYLAND |
| - Fg / | T.A. | _ | b CITY OR TOWN (if autside Jarporate limity finite c LENGTH OF STAY IN 1b c. CITY OR TOWN (if autside carporate limits, write RURAL and give genest town) |
| deat | | T | None Park Md. 4 Reval String. Mary land |
| ofter the f | (5- | 1 | d. NAMS OF HOSPITAL (If not in haspital give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? |
| nd 2 | - | M | lashington Janitarium Hospital IW NoTley KORK 1850 NOB |
| n 24 hi filled i ges 1 o | 1) | 1 | NAME OF DECEASED Windle Eugena Harris DEATH November 6 1960 |
| within etely f | | 5. 5 | SEX 6. COLOR OF RACE 7 MARRIED A SEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR WUNDER 24 HRS WIDOWED DIVORCED WIDOWED DIVORCED MARRIED AND MONTHS Days Hours Min |
| ampl apers or of | (Reti | 180 | UNUAL OCCUPATION IG ve kind of wark done 10b KIND OF BUSINESS OR INDUSTRY 11 BITTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? |
| nd c | ~ C | DN | troller-U.S. Gout Virginia U. States |
| ite be carbo Ain 73 | | 13 | FATHER'S NAME |
| liffice physic prove of, wit | | 16 | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT / Address |
| ing perer | | X | ES WD Army no Mrs. Kenneth Herris (Sane adelice |
| death tendi | | Ī | 18 CAUSE OF DEATH [Enter only one cause for line for (o), (b) and (c)] |
| the the phen in din | | | PART I. DEATH WAS CAUSED BY I racheal Chaluction Secund Corps. |
| thot by # 1. II | | | Conditions, if any, which) in Theleguent Termer of lunes 11 yr. |
| ned ermi | | | gave rise to immediate DIF 70 |
| on. on. sign | | | lying couse last. |
| law ysici ysici beer beer tron | 4 | 5 N | PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |
| The g ph has has maria | d | FICA: | YES IN NO [] |
| lAN: ending ficate the by of, cre | | CERTI | 206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) IF EITHER, NOTIFY MEDICAL EXAMINER |
| YSIC or att certite se as burit | | DICAL | 20c. T ME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home farm, 20f. (City ar tawn) (Caunty) (State) Haur a. m. While Nat while |
| To to to to to to to to | | MEDI | p. m. 19 at wark at work |
| After Feed f | | | 21 certify that (1) (this haspital) attended the deceased from 10/7 1960, ta 11/6, that (1) [we] last |
| TEN the the etach | | | saw the deceased alive on // 6 1960, and that death accurred of 25 PM, from the causes and an the date stated above. |
| S AT | | | Keymond Or Wast 2 to M.D. ATTENDING MED DIRECTOR STAFF PHYS |
| or of brace | | | Pre Physiciant's Mary land 7600 Carroll Avenue Takoma Park |
| PITA ERA ERA S sho | | | Tutomi Int |
| HOS by by FUN | | | BUILD CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) BUILD Specify: 11/9/60 Arling ton National Cem - Arlington Virginia |
| 5 5 g = | | _ | FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REGISTRAR 256 REGISTRAR'S SIGNATURE |
| VR A15 (4) 15M 9/59 | | 7 | Ja 5 A 1966 Cc 2961-14 L- H. C. GC DATE NOV 9 00 Contain S. Maria. |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 12807 Rea. Dist. No. I director, filed with with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 2 wks Bethesda rural--Mt. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Brown Nursing Home 5714 Kingswood Road YES 📋 NO 🗗 NAME OF **First** Middle DATE Year DECEASED OF DEATH THOMAS HARRISON NOV. (Type or print) 60 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years loss bythday) IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months white DIVORCED 1 1-27-1884 WIDOWED IX male yrs. 100. USUAL OCCUPATION (Give kind of work done during ment of working life, even if relired) Farmer --retired owner Maryland 12. CITIZEN OF WHAT COUNTRY? U.S. carbon offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Reuben Harrison Christina Gosnell remove 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 219-14-7628 T. Woodwow Harrison, R.D 7 Frederick, Md. no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cottse (a), stating the underlying cause lost. **buriol-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased from _______ 19____that I last saw the deceased and that death occurred at 5 H M, from the causes and on the date stated above. alive on det ADDRESS-Hireel, city or town, state) ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) FUNER 220. BUR AL, CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stole) Morgan Chapel Carroll Co. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR NOV 1 6 60 24b. REGISTRAR'S SIGNATURE Cirlmon & Thank C. M. Waltz. Winfield, Md. DATE 15M 9/SS



FOR STATE HEALTH DEPT. frector Poge frector Poge r your files.

TO DEPUTY (** SICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is execute the fificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funct 4 should be awarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to buriof, cremation, or remayal and many event within 72 hours often death.

VS. A15ME 5M 2,57

-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12688 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12735

Reg. Dist. No.

| - 15 | | | | | | | | | | | and the same of th |
|------|--|---|-------------------------|------------------------------|--|---|----------------------|------------------------|---------------------------------------|---------------------------------|--|
| | o. COUNTY | MONTGOMER' | Y | MAR | YLAND | 2. USUAL RESIDI | | | | tion: Residence be MONTGOM | |
| | b CITY OR TOWN In average corporate limits, we real RUPA. and given neutrant forms. SILVER SPRING 10 yrs. | | | | c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) SILVER SPRING | | | | | | |
| | | AL OR INSTITUTION (I | f not in hospil | ol, give street oddre | 49) | d STREET ADE 9908 1 | | HAM ST | REET | | ON A F-RM2 YES NO A |
| | 3. NAME OF DECEASED (Type or print) | RAYNO! | | Middle C | HEN | DERSON | | 4. DATE OF DEATH | NOV . | | Yeor 19 ⁶⁰ |
| | 5. SEX MALE | 6 COLOR OR RACE WHITE | 7. MARRIED WIDOWED [| _ | _ | B/4/98 | | 9 | AGE (In years lost birthsley) 62 yrs. | Months Days | IF UNDER 24 HRS Hours Min. |
| | Personal P | ON (Give kind of work on the life, even if relified) roperty Ass | essor 1 | of ausiness or Mont. Co. | Gov 1 | t. Wash | | or foreign content, D. | | 12. CITIZEN O | A. |
| | JAMES HEND | ERSON | | | | 14. MOTHER'S MA ROB | NIDEN N | . 4 | nown | | |
| | 15. WAS DECEASED EV | ER IN U. S. ARMED FOI | remice) | CIAL SECURITY NO -26-5348 | | · Mary W | . He | nderso | Address n. 9908 | Markham | St. |
| | PART I DEA | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO DUE TO | | | | | | | | | |
| | FART II, OTI | (c) HER SIGNIFICANT CONI | OITIONS CON | | | | | | | | PERFORMED? YES NO |
| | 1 | NTRIBUTING () | b DESCRIBE H | HOW INJURY OCCU | RRED (Er | ter noture of injury | y in Fart | l for fort it e | fitem 18) | | |
| | 20c TIME OF INJU Hour o.m. p. m. | RY Month, Day, Yeo | White | Not while at work | PLAC facto | E OF INJURY (Hon ry, street, office bl | ne, form dg , etc | 20f. (City « | e town) | (County) | (Slote) |
| | 1 | hot I took charge resulted fram: t | | erette . | _ | - | _ ` ` | y 🔲, Ini Homicide | pectron z , , Undete | Inquiry E rmined monn | |
| | ACTUAL SIGNATURE | Frank J. | Bu | enhait | | WCD | | AL EXAMINER | r | 11 | DATE SIGNED |
| | EXAMINER'S NAME (Type) | FRANK J B | ROSCHA | RT | | | | EXAMINER 📆 | _ | | |
| | 220. SURIAL CREMATIC REMOVAL (Specify BURIAL | 11/22/60 | | RELINGTON | | L. CEMET | | ARLI | ON (City, town, o | IRGINIA | (Stote) |
| | 23 WINE TAL DIRECTOR | | | SILVER SPE | RING, | - | ATE | AN SECULAR | | trars signatu Lilling 1. To | |



O. J. & K.

CERTIFICATE OF DEATH

| 1.0110 | 021(11110) | | | | | | | | |
|--|--|---|----------------------------------|----------------------------------|--|--|--|--|--|
| o. COUNTY Ont comery | MARYLAND | 2. USUAL RESIDENCE (Who state and | ere deceased lived If i b. CC | ostitution Residence bounty ront | oefore admission) O .Cry | | | | |
| b CITY OR TOWN (If outside corporate limits, RURAL and give nearest fown) Kensington | , write c. LENGTH OF STAY IN 1b | CONTY OR TOWN (If o | 11 | write RURAL and give | nearest tawn) | | | | |
| d NAME OF HOSPITAL (If not in haspital, give or institution 4025 Glenridge R | | d. STREET ADDRESS | raire moc | Road | IS RESIDENCE ON A FARM? YES □ NO ▼ | | | | |
| 3. NAME OF First DECEASED (Type or print) Mary | Middle | lost | 4. DATE OF DEATH | Nov. 1 | Day Year -0 19 60 | | | | |
| 5. SEX 6. COLOR OR RACE 7 | 7 MARRIED NEVER MARRIED | B. DATE OF BIRTH May 14, 18 | 9 AGE (In lost bird) | hdoy) Manths Dg | Hours Min. | | | | |
| 100 USUAL OCCUPATION (G ve kind of work do during most of working life, even if retired) Housewife | Own Home | STRY 11. BIRTHPLACE (Stote Marylar | _ | 12 CITIZEN | OF WHAT COUNTRY | | | | |
| 13 FATHER'S NAME | | 14. MOTHER'S MAIDEN N | | | | | | | |
| Walter A. En | | | Temple Hoo | | | | | | |
| 15 WAS DECEASED EVER IN U. 5 ARMED FORCE (Yes, no, or unknown) ; (If yes, give wor or dates of serv | Aica) | REGRMANT | | Address | | | | | |
| No | None V | Valton Hendi | ry-Husband | i-same 20 | 1 | | | | |
| 18 CAUSE OF DEATH [Enter only one count | se per line for (a), (b) and (c)] | | | 1 | NTERVAL BETWEEN | | | | |
| Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse tost. (b) DUE TO DUE TO | myocardin arteriosch | listarco | tion | oasl | | | | | |
| 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | TIONS CONTRIBUTING TO DEATH BUT | fure | , | | PERFORMED? YES NO | | | | |
| TO THE OF INJURY Month, Day, Year Hour o.m. 19 | 7 20d INJURY OCCURRED While Not while of work 1 | ACE OF INJURY (Home, formationy, street, office bldg, etc.) | 20f. (City or town) | (Соит | nty) (State) | | | | |
| 21 I certify that (I) (this hospital) sow the deceosed olive on There | 21 I certify that (I) (this hospital) attended the deceased from Oct. 1960, to Mov-10, 1960, that Diwe) ast sow the deceased alive on Mov. 8 1960, and that death occurred a A.M. from the causes and on the date stated above | | | | | | | | |
| 220 SIGNATURE 221 PHYSICIAN S NAME (Type) | 1 + + | M D PHYS 30 DI | ED STAFF RECTOR PHYS [| 11/10/1 | 226 DATE SIGNED | | | | |
| 230 BUR AL, CREMAT ON 23b. DATE THEREOF | | R CREMATORY | 23d LOCATION (City, | town, or county) | (State, | | | | |
| Burial 11/12/60 | | Cemetery | | ck, Mary | | | | | |
| Robert A. Pumphre | ey Bethesda, Ma | aryland 250 REC | D BY REGISTRAR 25k | REGISTRAR'S S GNA | ATORE | | | | |

he funeral director, should be filed with

ond 2

TO HOSPITATE ATTENDING *** SICIAN: The law requires that the death certificate *** executed within *** suffer death. Page 4 may be retained by the haspital or attending physician and completely filled in the funeral director. Then please remave corbon papers. Pages 1 page 3 shau d be detached for use as the burial-transit permit. Then please remave carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12747 medical examiner's certificate of death Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY Q. STATE **b.** COUNTY MARYLAND files. b CITY OR TOWN III outside corporat c. LENGTH OF STAY IN 16 E CITY OR TOWN (If autside corporate limits, write RURAL and a ve neavest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) d STREET ADDRESS # 15 REU DEMO ON A FARMS YES 🔲 NO 🛣 NAME OF Middle DATE Morth DECEASED (Type or print) DEATH 6 COLOR OR RACE 7. EVER MARRIED DH B. DATE OF BIRTH MARRIE 9 AGE the years IFUNDER TYEAR IF UNDER 24 HRS fort birthday) Months Doys Hours WIDOWED IT DIVORCED [29 yrs 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 16 SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH | Enter only one course per line for (a), (b), and (c) ? INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: Bulm nirv elema, biliteral IMMEDIATE CAUSE (of **DUE TO** Pressure c. cerebellum Canditions, if any, which } gave rise to immediate cause DUE TO (a), stating the underlying cause last. Ir chure, old, orbital plate, left frontal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🥦 NO 🦳 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (State) Not while 'fociory, street, office bldg , etc.) While 1960 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy & Inspection ... Inquity 7 ond in my CTOR: opinion deoth resulted from. Natural causes , Accident A, Suicide , Homicide , Undetermined manner ACTUAL _____M D. CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER 5 NAME (Type) 220 BUR AL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 Mational Action ton Virginia 23 FUNERAL DIRECTOR'S SIGNATURE 240 MEC. D BY SEGISTAN 246 REGISTRAR'S SIGNATURE VS A15ME 5M 2/57 DATE



12738

IS RESIDENCE

ON A FARM? YES NO TO

12 CITIZEN OF WHAT COUNTRY?

6 DAYS

PERFORMED? YES NO

(State)

Md .

22h DATE

SIGNED

19 66

FUNER 9

23a BUR AL CREMATION, 23b DATE THEREOF

NAME (Type)

REMOVAL (Specify)

ADDRESS

250 REC'D BY REGISTRAR

256 REGISTRAR'S SIGNATURE

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

23d LOCATION (City town, or county) Prince Georges County, Md.

washing ton Clinic

(Stote)

(County)

Montg

Philip R. James



| 1 | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MA | DVIAND |
|--|--|--|
| FOR STATE | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA | 1275 |
| HEALTH DEPT, | 1. PLACE OF DEATH | lenge before hemistic |
| director, Page of tor Your files. | e. COUNTY Font omery Maryland | ie. |
| h. If any do to the fun be retained to the State ther death | J NAME OF First Midd o tast 4. DATE Month DE OF TYPE OF PRINT REAL NICE 11 | /28 19 60 |
| s after dest 1, 2, and 3 ge 5 may b and 2 with 72 hours af | g done during most of working life, even if teltred) | Hours Min. |
| hour Pees | Maryland US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME | A |
| PASS. | Wm. Junior Ellis Irone Bradley Merbert | |
| and within and 18. Girll form ermit. Figure only every | 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (Ifyesgivewerordetesofservice) | |
| should be executed, in pencil in he should be a pencil in he should be a purial-transit premovel, and in a | | nterval setween onset and death Found description bed. |
| Nord "pendificate word "pendificate dical Examine uld be used as cremation, or | couse lest. (c) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) | 19, WAS AUTOPS' PERFORMED? YES NO |
| AMINER: T writing the Chief Med Page 3 shou to burial, c | PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour s.m. 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) | (Slete) |
| TEDICAL EX the certificate, revarded to the DIRECTOR: ad agent, prior | policy 17 | nd in my opinion |
| <u>@</u> ₹25 v) | ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 11/28/60 | DATE SIGNED |
| DEPUT please execute 4 should be for FO FUNERAL or its designate | NAME (Type) Frank J. Broschart Address (Street, city, lown, or county) 220 BURIAL, CREMATION. 22b. DATE THEREOF PREMOVAL-(Specify) Address (Street, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) Address (Street, city, lown, or country) | Istote) |
| VS. A15ME 5M 7/59 | ADDREST DELLE MA DATE 5 160 Linns 2. Kin | |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12740

ofter death Page 4

e funeral director, 2 shauld be filed with

Then please remove carban popers. Pages 1 and may be ren. By the hospital or attending physician.

TO FUNERAL CIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 hours after death

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs.

TO HOSPITAL VR A15 (4) 15M 9/59

| ŀ | 1 PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased tived. If institution. Residence before admission) |
|----------------|---|---|
| ı | · COUNTY MORE TO MARYLAND | o. STATE 7/10 . b. COUNTY - Dionty enters |
| | b CITY OR TOWN (if outside proporate imits, write RURAL and give neares) form) | se CITY OR TOWN, (If outside corporate limits, write RURAL and give negres) town) |
| Т | 750 +10050 20 4 d aug J. | 751 /the 50 2 |
| | d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION | d STREET ADDRESS a. IS RESIDENCE ON A FARM? |
| - | Juburbane, | 19125-Hourshot Gricle YES NO |
| 3 | 3. NAME OF DECEASED First Middle | Last 4. DATE Month Day Year |
| ı | (Type or print) | 17 5 Chest DEATH - 2700 4 1960 |
| 1 | 5 SEX 6 COLOR OR RACE MARRIED 1 NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In the last birthday) Months Days Hours Min. |
| | TITALE USINE WIDOWED DIVORCED | 5/6/18 42 415 10013 10013 |
| Ī | 100 LSUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTIGUED DESCRIPTION OF BUSINESS OR INDUSTICUED DESCRIPTION OR INDUSTICUED DESCRIPTION OR INDUSTICUED | STRY 1) BIRTHPLACE (State or fageign country) 12 CITIZEN OF WHAT COUNTRY? |
| \mathbb{R}^2 | Consultent for but State Stept | Thew Hampshire U. J. H. |
| Ţ | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 1 | Kurt Hirms dorge | 37/21/1/2 77/2 1/24 |
| Ī | 15 WAS DECEASED EVER IN L. S. ARMED FORCES? 16752 16752 1675 1002 17 IN (Yes. no or unknown) (if yes, give wor or dates of service) 1675 1002 17 IN | FORMANT Address |
| | -116 J. Amy-works of Je | ohanna Hermsdorf-wife-same 2d |
| F | TB CAUSE OF DEATH [Enjer only one cause per line for (a), (b), and (c).] | Pulmonary Edoma INTERVAL BETWEEN ONSET AND DEATH |
| ı | PART I DEATH WAS CAUSED BY: THE THE WALLES OF SUN | wednesting 6 lises |
| | 2 m A | D1 246.1184 21 |
| | Conditions if ony, which) (b) Problem yes | Pulmonary embolism 6 leans |
| 1 | gove rise to immediate DUE TO | |
| | lying couse last. (c) Sigmoid carely | roma With metastasis Mulumn |
| | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IP WAS ALTOPSY PERFORMED? |
| | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | YES NO |
| 1 | 206 ACCIDENT WAS UNDERLYING DO DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) | D. (Enter nature of injury in Part I or Part II of Item 18.) |
| | | |
| 1 | | ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) |
| 1 | Hour o.m. While Not while of work of work | |
| 1 | 21 I certify that (I) (this haspital) attended the deceased fram | 12/3 . 1969 to NOV 4 . 1960 that (1) (we) last |
| | | teath accurred at 57 M, from the causes and an the date stated above |
| 1 | 220 SIGNATURE | TOL DATE |
| | Miluon of Come of | M D PHYS. DIRECTOR PHYS 11/4/60 GNED |
| | 22c PHYSICIAN'S NAME (Type) | 220 ADDRESS //S 1 /5 217 /2 /2 V CALVE |
| L | NAME (Type) HOMAS FORON NOR MA | BETHESUA 14, MU |
| | 23g BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY O | R CREMATORY 23d LOCATION (City, town, or county) (Stole) ** |
| | Burial 11/8/60 Arlington | Nat. Cem. Arlington, Virginia |
| | 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE |
| | Robert A. Pumphrey Bethesda, Mar | y Land DATE NOV 9 '60 Orthur & Kraus |
| - | | |



| * | | 12. | 811 | CERTIFIC | ATE OF DEATH | 1 | Reg. Dist. No. 12741 | | | |
|-----|--|--|--|--|---|---|--|--|--|--|
| 1 | 1, 1 | PLACE OF DEATH COUNTY Montgomery | | MARYLANG | a STATE | ere deceosed lived. If instituti b. COUNTY | on Residence before admission) | | | |
| , / | b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | | | | |
| | - 1 | Bethesda MAME OF HOSPITAL (III OR INSTITUTION | f not in hospital, give st | reet oddress) | d. STREET ADDRESS | A | pt. 703 SIS RESIDENCE | | | |
| 0 | | The Clinica | 1 Center, | Bethesda 11, Md | Hunting Tow | vers, Center B | | | | |
| | - 1 | NAME OF DECEASED | First | Middle | Lost | 4 DATE Mor | | | | |
| | 5 5 | (Type or print) | Bevin | Raymond | Hewitt | P AGE (In years | mber 27 1960 | | | |
| | 3 3 | | | MARRIED NEVER MARRIED XX | | lost birthdoy) | Months Days Hours Min | | | |
| | 10a | Male USUAL OCCUPATION (C | ALTERNATION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW | OWED DIVORCED 106 KIND OF BUSINESS OR IN | May 11, 1930 | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| | | during most of working I | ife, even if retired) | | | | | | | |
| | 13. | <u>Mathematici</u> FATHER'S NAME | lan | Analytic servi | 14. MOTHER'S MAIDEN N | zinia AME | U.S.A. | | | |
| | | Joseph J. H | Income de de | | Millie Mass | NOTE | | | | |
| | 15 | WAS DECEASED EVER IN | U S ARMED FORCES? | 16. SOCIAL SECURITY NO. | MFORMANT The Med | | ress | | | |
| / | - fran | No. | give war or dates of service) | 21:8-50-91/11 T | he Clinical Cer | | U. Manyland | | | |
| | | | Enter only one couse p | er line for (a), (b), and (c)] | | | INTERVAL BETWEEN | | | |
| | | PART I, DEATH W | VAS CAUSED BY: MEDIATE CAUSE (6) | Hodgkins Disea | se | | ONST AND DEATH | | | |
| | | 2014 | DUE TO | | | | | | | |
| | | Conditions, if any, s | | | | | | | | |
| | | gove rise to imme couse (a), sloting the <u>u</u> | | | | | | | | |
| | 7 | lying couse lost. | (c) | | | | | | | |
| | JOIT. | | | | | | VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? | | | |
| | FICA | 200, ACC DENT WAS LIN | | ne Marrow Failu | | | YES 🔀 NO 🗍 | | | |
| 1 | CERTIFICATION | OR CONTRIBUTING C | AUSE OF DEATH | DESCRIBE NOW INSURT OCCUPA | KCD. [CRIST NOTICE OF INTERPORT | an i or i or it or item to j | | | | |
| | MEDICAL | 20c TIME OF INJURY A | 7. | | PLACE OF INJURY (Home, form factory, street, office bldg., etc. | | (County) (State) | | | |
| | MED | Hour o.m. | | hile Not while work at work | roctor), attest, brince blug., etc. | 1 | | | | |
| | | 21. I certify that I | attended the dec | eased from Septembe | r 2 , 1960 , to No | vember 27, 1960 | that I last saw the deceased | | | |
| | | alive on Novemb | | | | | nd an the date stated above. | | | |
| | | l | RHA | 1 1 | 4 | ADDRESS (Street, city or town, | | | | |
| Ĕ | | SIGNATURE WY | reg of our | u pro | M.D. The Clinica | | 11-28-60 | | | |
| f. | | PHYSICIAN'S JERO | OME B. BLOC | K, M.D. | | nstitutes of H | iealth | | | |
| | 220 | BURIAL CREMATION | | 22c. NAME OF CEMETERY | | 220 LOCATION (City, town, | or county) (State) | | | |
| | B | REMOVAL (Specify) | 12/4/60 | | Cemetery | | outh Carolina | | | |
| | _ | FUNERAL DIRECTOR'S SIG | SNATURE | ADDRESS | | | STRAR'S SIGNATURE | | | |
| | | Robert A. | rumphrey | Bethesda, N | laryland DATE DE | C1 '60 a. | Thung S. Thrond | | | |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS ATS (4) 15M 9/S8



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| and TO HOSPITALIZER ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 havrs after death. Page and | SY may be rehable by the hosp tal ar attending physician. | (4) | the State Board of Health prior to burial, cremation, or remayal, and ingay event, within 72 hours after death. | |
| 15 | M 9/ | 59 | | |

| . (| PLACE OF DEATH . COUNTY Montgomery | MARYLAND | a. STATE | t of Columbia | COUNTY | dence before admission) | | |
|---------------|--|--------------------------------------|-------------------------|--------------------------------|----------------------|--|--|--|
| ı | CITY OR TOWN (If outside carporate limits, w | vrile c. LENGTH OF STAY IN 16 | c. CITY OR TOV | VN (If autside carporate an | nits, write RURAL or | nd give nearest lown) | | |
| | RURAL ond give negrest town) Bethesda (Rural) | 11 days | Washing | ton | | 47 % : | | |
| | d. NAME OF HOSPITAL (If not in haspital, give : OR INSTITUTION | street address) | d. STREET ADD | RESS | | e IS RESIDENCE ON A FARM? | | |
| | U. S. Naval Hospital | | 2904 Ga | rfield Terra | ce, N.W. | YES NO | | |
| | NAME OF First DECEASED (Type or print) Aller | Middle | HOBBS | 4. DATE OF DEATH | Month November | Day Year 23 1960 | | |
| 5. 5 | | MARRIED NEVER MARRIED | B. DATE OF BIRTH | | E (In years IF UND | DER TYEAR IF UNDER 24 HRS | | |
| M | | DOWED DIVORCED | 7-30-99 | | birthday) Month | s Days Hours Min. | | |
| _ | USUAL OCCUPATION (Give kind of work done | | | E (State or foreign country) | 12 (| CITIZEN OF WHAT COUNTRY | | |
| | during most of working life, even it retired) Mariner (Retired) | U. S. Navy | M | lassachusetts | | U.S.A. | | |
| 13. | FATHER'S NAME | | 14. MOTHER'S MA | AIDEN NAME | | | | |
| | Alexander HOBBS | | Louise | ALLEN | | | | |
| | WAS DECEASED EVER IN U.S. ARMED FORCES | | NFORMANT | | Address | | | |
| 510 | Yes 1916 to 1953 | |)Mrs. Faye | tte L. P. Ho | bbs, same | as #2 above | | |
| | 18 CAUSE OF DEATH [Enter only one couse | per line far (a), (b), and (c).] | | | | INTERVAL BETWEEN | | |
| | PART I. DEATH WAS CAUSED BY | Ventricular fibr: | illation | | | minutes | | |
| | 44) DUE TO | | | | | | | |
| | Conditions, if ony, which) (b) Arteriosclerotic heart disease | | | | | | | |
| | gave rise to immediate (| | | | | o yrs. | | |
| | cause (a), stating the under: | | | | | | | |
| CERTIFICATION | PART II OTHER SIGNIFICANT CONDITI | ons <u>contributing to death</u> but | NOT RELATED TO TH | IETERMINAL DISEASE CON | DITION GIVEN IN F | PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO | | |
| | 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCURRE | ED. (Enter nature of in | ijury in Parl I ar Parl I af i | tem 1B) | | | |
| WEDICAL | | £_ | ACE OF INJURY (Har | me farm, 20f. (City ar tax | vn) | (County) (State | | |
| WED | | While Not while 10 | COLY, SIEE, GINES D | ug., cic.) | | | | |
| | 21. 1 certify that (I) (thinchespital) a | tiended the deceased fram | Nov. 12 | 19 60 to N | ov. 23 19 | 60_, that (I) (veet las | | |
| | saw the deceased alive an NOV. | | | | | the date stated above | | |
| | 22a. SIGNATURE | 0 0 0 | | | | 22b. DATE | | |
| | to 14.000 | onnell | M D PHYS | MED STA | | 1123-60 | | |
| | 72c PHYS CIAN'S NAME (Type) | | 22d ADDRESS | | | | | |
| | F. H. O'CONNE | ELL, LCDR, MC, US | N U.S. | Naval Hospit | al, Bethe | sda, Md. | | |
| 23c | BUR.A., CREMAT ON, 236. DATE THEREOF | 23c. NAME OF CEMETERY C | OR CREMATORY | 23d LOCATION (| City town, or count | (State) | | |
| | Burial 11-28-60 | Arlington 1 | National | Arlin | gton | Virginia | | |
| | FUNERAL DIRECTOR'S SIGNATURE DEP | ADDRESS | | RECIDITY SECUSIAN | 2Sb. REGISTRAR'S | | | |
| .] | os. Gawler's & Sons. 1 | 786 Penn. Ave.NW | . WashDC . | 1121 = 0 | Circlery | & Kenya | | |



12743

CERTIFICATE OF DEATH

| | | OEKIII ICA | IL O. DEAIII | | Reg. Dist. No. |
|---|---|--------------------------|---|---|--|
| PLACE OF DEATH 6. COUNTY Montgomery | | MARYLAND | 2 USUAL RESIDENCE (When a. STATE Maryland | ь cqyn | tut on. Res dence before admission) ITY INTROMETY |
| b. CITY OR TOWN (If outsid RURAL and give negrest to Dickerson | e corporale limits, write cown (Rural) | LENGTH OF STAY IN 16 | e. CITY OR TOWN (IF our Dickerson | side corporate limits, write (Rura1) | e RURAL and give nearest town) |
| OR INSTITUTION | of in hospital, give street odd | | d. STREET ADDRESS | | IS RES DENCE ON A FARM? YES NO A |
| 3 NAME OF | First | Middle | Feach Tree | | |
| DECEASED (Type or print) | PERCIVAL | | ONEMOND | OF DEATH | North Day Year 14 19 60 |
| | lor of widowed | | June 15, 1875 | 9. AGE (In year lost birthdo) | ors IF UNDER 1 YEAR IF UNDER 24 HRS y) Months Doys Hours Min. |
| 100 USUAL OCCUPATION (Give during most of working life Laborer | e kind of work done 10b KIN , even if retired) | ID OF BUSINESS OR INDUST | RY II SIRTHPLACE (Store or Virginia) | fareign country) | 12. CITIZEN OF WHAT COUNTRY |
| 13. FATHER'S NAME Josiah | Honemond | | 14 MOTHER'S MAIDEN NA Sarah | ME Unknown | |
| 1S. WAS DECEASED EVER IN U. (Yes. no. or unknown) (If yes. gi | S. ARMED FORCES? 16. SOC we war or dates of service) | | ormant arah Honemond | - Peach Tre | |
| Canditions, if ony, wh gove rise to immedicouse (a), stating the unclying cause lost. | ole Out To | | extorn Vasc | ulay Dis | ease 6 x ears |
| 5 Artario | Schrotic C | erydiae D | OT RELATED TO THE TERMIN | aldisease condition (| GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO |
| OR CONTRIBUTING [] CAL | ERLYING 206 DESCRIE USE OF DEATH AL EXAMINER) | BE HOW INJURY OCCURRED | (Enter noture of injury in Po | rt Far Part II of Item 18) | |
| ZOC TIME OF INJURY More Hour o.m. | 11h, Doy, Year 20d INJU While of work | Not while facts | CE OF INJURY (Home form, ary, street, affice bldg., etc.) | , 20f. (City or town) | (County) (State |
| alive an ACTUAL SIGNATURE | trended the deceased warmhey, 19 60 | | Al Al | | O, that I last saw the decease and an the date stated above DATE SIGNE (M.), state) DATE SIGNE |
| 220. BURIAL, CREMATION, 22b | n M. Smith | 2c NAME OF CEMETERY OR | 4 | Zd LOCATION (City, low | |
| REMBYN SECTION | 11/18/60 | Jerusalem Ba | ptist., | Poolesville | 9, MO. |
| 23 FUNERAL DIRECTOR'S SIGN | mouden | Rookville, h | (3) | M 5 0 100 | EGISTRAR S SIGNATURE LICHMAN S. Kraua |

Page 4 director, may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct page 3 should be detached for use as the burial transit permit. Then please remave carban papers. Pages 1 and 2 should be filled the registrar prior to burial, cremation, or removal, and in any event within 72 hours, after death. ter death ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 having

TO HOSPITAL

VS A15 (4) 1SM 9/SB



| TE | | 12 | 2814 N | EDICA | LEXAM | INER'S | NT OF HEALT | | DEATH | 18 | 12744 |
|------|---------|---|--|---------------|---------------------------------------|-------------------|--------------------------------|-------------------|----------------------------------|--------------------|--|
| EPT. | ļ. | PLACE OF DEATH | Iten | 8 14, | 22c & d | , Prin | AC14 77 | /13/30 | TAK | Reg. Dist. 1 | |
| | , , , | . COUNTY | MA 24 0 00 7 | | | MARYLAND | 2. USUAL RESIDENCE 0. STATE | (Where deceased | l lived - It institu b. COUNT | | before admission) |
| | | LETY OR TOWN | (H outside corporate 1 mils.) | rite #URAL | c. LENGTH OF | | c. CITY OR TOWN | of autside corpo | rate limits, write | RURAL and give | pegrest tawn) |
| | | Brook | wille | | | | VASHING | | | Litte | · > |
| | | NAME OF HOSP Off Sunsh | ital or institution line – Brig | hton R | pital, give street o | iddress) | d STREET ADDRESS | | | | IS RECIDEN F |
| | _ | | | | - | | | TON ST. | <u> </u> | | YES NO |
| | | NAME OF DECEASED (Type or print) | | First | Mide | | Lost | 4 DATE OF | Month | | |
| | 5. 5 | | 6. COLOR OF RAC | | | | HORNE BATE OF BIRTH | DEATH | NOV. | • 5 | 1960-1 9 .r] if under 24 hrs |
| ı | | Female | Col | WIDOWE | | ICEO [] | 3/10/05 | | lost brithday) 35 yrs | Manths Days | |
| | 100 | . USUAL OCCUPAT | | k dane 10b, k | | | Y 11. BIRTHPLACE (Slat | e ar fareign cau | | 12. CITIZEN | OF WHAT COUNTRY |
| | L. | | al Nurse | " | | | GEORG | IA | | U.S | .1 |
| | 13. | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN | NAME | | | |
| | | GENER | The state of the s | OOK | | | B | radshaw | | | |
| ı | (Yes | , no. or unknown) | YER IN U.S. ARMED : | | SOCIAL SECURITY | NO. 17, IN | FORMANT | | Address | | |
| | | IR CAUSE OF DE | ATH Enter only one o | ouse per line | for (a) (b) and (| 11 | | _ | | - î | 2 |
| | | | ATH WAS CAUSED BY | | | | | | | | SET AND DEATH |
| | | 57 | IMMEDIATE CAUSE | | Exsang | ulnatio |)n | | | | ound |
| ı | | Conditions, if | ony, which) | | ceration | of sor | 24.0 | | | | ead in Coods |
| | | gove rise to imm (a), stating the | ediate couse | | And Alexandria Marie State Marie Land | _01601 | | | | , m | DOUD |
| | | couse last. |) | | ullet wo | | | | | | handaduri (m. 1901). Maria and Maria |
| | CATION | PARE II, O | THER SIGNIFICANT CO | NDITIONS CC | INTR BUTING TO | DEATH BUT N | OT RELATED TO THE TERM | AINAL DISEASE C | ONDITION GIV | EN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? YES NO |
| ı | CERTIFI | 200. EXTERNAL CA PRIMARY (a) or CO CAUSE OF DEATH | AUSE WAS ONTRIBUTING [] | | HOW INJURY O | CCURRED (Er | in Woods al | of Lor Part It at | item 18) | 1 | |
| | CALC | 20c. TIME OF INJU | | Unkno | wn. | t godd tharasi | E*OF INJURY (Home, for | ong sid | e or st | mshine | SALO: MARINI |
| ŀ | EDIC | Hour o m | unknown | While | Not while | - sacia | A' arrest du ce oidă" es | | 2 0 | (County) Montg. | (State) |
| | 2 | 2) Leartify | | | rk at work | | nknown e, held on Autop | | | | Md . |
| | | | resulted from: | | | | | 100 | pection [], | Inquiry [| - |
| | | | 1- | | .00161 | reciment [| _, soicide [], | nonneide [| M, Onderer | mined mont | ner [_] |
| 1 | | ACTUAL SIGNATURE_ < | Trank & | 13m | orther | 7 | M D CHIEF MEDICAL E | XAMINER [| | | DATE SIGNED |
| | | EXAMINER'S | | | | | ASSISTANT MEDIC | CAL EXAMINER (| | | |
| | | NAME (Type) | FRANK J. | BROCHA | RT | | DEPUTY MEDICAL | EXAMINER 🔀 | | 11/6/6 | 0 |
| | _ | BURIAL CREMATI | ON 22b DATE THER | | ADDRESS | METERY OR C | 177777141 | 122d LOGATIO | 111861 | Frid, M | 11/11/11/ |
| | 23. | - A PIRELIO |) 121/0- | . / | 23/// | ti. | nyt. | 'D BY REGISTRA | | TRAN'S SIGNATE | |
| | | - (: - / / ; | 1.2-11-11-5.1 | | 1714 | Chick may | DATE P | 10V 1 5 '60 | Ch | Ilus S. Th | a.U.A |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12815

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be renewally the hispital or attending physician.

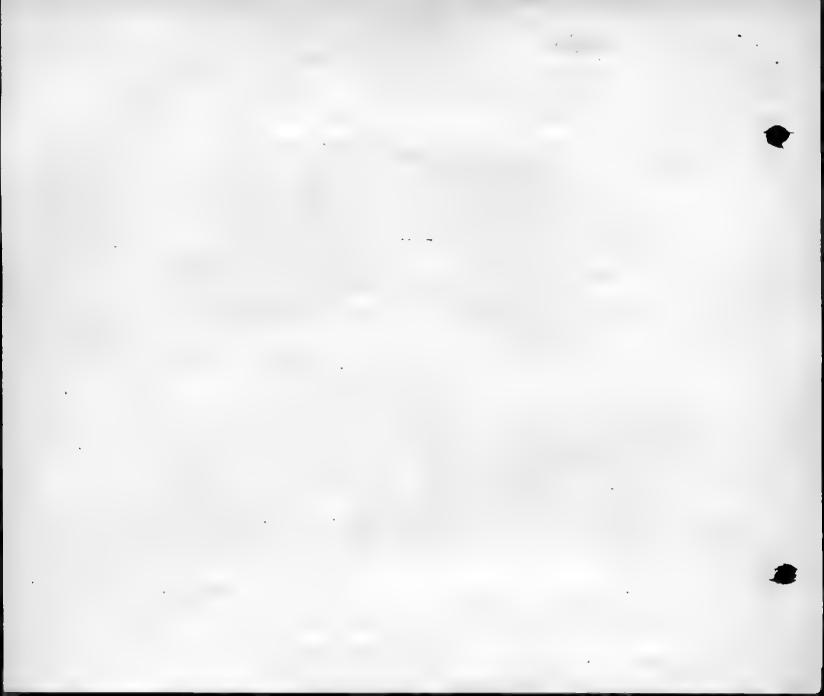
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in Left finated in Left this certificate has been signed by the attending physician and compretely filled in Left filled in Left this certificate has been signed by the attending physician and compretely filled in Left filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours often death.

VR A1S (4) ISM 9/59

CERTIFICATE OF DEATH

12745

| 1. PLACE OF DEATH | iontgomery | MARYLAND | 2. USUAL RESIDENCE (W | here deceased | l lived If instituti b. COUNTY | | |
|---|---|---------------------------|------------------------------------|-----------------|--------------------------------|-------------------|--------------------------------|
| | _ | MARISANU | <u> </u> | and | | Montgos | ry |
| RURAL and give nec | arest town) | LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | outside corpor | rate limits, write R | URAL and give ne | arest town) |
| Latha | Bethesda | / Hrs. | Ket Ket | isingto | n | | |
| OR INSTITUTION | AC (If not in haspital, give street as | idress) | d. STREET ADDRESS | | | | on a FARM |
| | Suburban Sanaduan | | # /303 Knos | rles As | 79. | | YES NO |
| 3. NAME OF | First | Middle | last | 4. DATE | Mor | th D | gy Year |
| (Type or print) | Bertha | A | Hughes | OF DEATH | 11/13/ | | 1950 |
| S. SEX | 6. COLOR OR RACE 7 MARRIE | D NEVER MARRIED | B. DATE OF BIRTH | | 9 AGE (In years | | R IF UNDER 24 H |
| | WIDOWED | DIVORCED [| מולחת למו | | last birthday) | Months Doys | Hours Min |
| Fens le | MULLE: | 7 | 1/27/10 | | | 10 (17)751 | E AMELIA E CONTRACTO |
| during most of worki | N (Give kind of work done 10b, Ki ing life, even if retired) | IND OF ROSINESS OK INDO: | PIKT III RIKIHPLACE (2:016 | e or rereign co | unny) | IZ CHIZEN C | F WHAT COUNTR |
| Housew | | | Maryla | · nd | | II.S. | ٨ |
| IS FATHER'S NAME | | | 14. MOTHER'S MAIDEN | | | | |
| | Annlahr | | | | | | |
| | am Appleby | **** | | ngusta | Anderso | | |
| | I IN U. S. ARMED FORCES? 16 SC | OCIAL SECURITY NO. 17. II | IFORMANT | | Add | ress | |
| No | . Yer' Been all or dries or serving) | None | | | D 1 b | | m 82 |
| 1 | | | Ima that an Dig | CTTC11 | L'Enimpt of | | W. Account |
| | TH [Enter only one cause per line | for (o), (b), and (c) } | | | | | ERVAL BETWEEN SET AND DEATH |
| PART I DEAT | TH WAS CAUSED BY | EXSANAUI | 2) Stion | | | 47 | Flow |
| 14.017 | | | | | | | 2 |
| 7 2 1/ | DUE TO | > 7/- V1 | 77 4. 77 | | 211 | 11/ | |
| Canditions, if on | | uplused | Horlic HM | CULIE | Des Hode | O LOUIN | walo |
| gave rise to im | | 7/1 | / | 7 | 1 | | 1. |
| lying cause ost | ne under | 1 Ktoring | 1/200010 | 1 | | 6 | Luture |
| |) (c) | 711/2/2003 | (E/(C/-2)(-) | | | 461.411.01.07.1.1 | 100 |
| PART II OTHI | ER SIGNIFICANT CONDITIONS CO | INTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | VINAL DISEASI | CONDITION GI | TEN IN PAKE I(0) | PERFORMED? |
| PART II OTHI | | | | | | | YES NO |
| 200 ACCIDENT WAS | S UNDERLYING TI 206 DESCE | RIBE HOW INJURY OCCURRE | D (Enter noture of injury in | Port 1 or Pari | I II of item 18) | | |
| 200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) | CAUSE OF DEATH | | (4.11.21 1.0 0.0 0.1 1.1, 1.1, 1.1 | | | | |
| | MEDICAL EXAMINER) | | | | | | |
| | r Manth, Day, Year 20d. INJ | IURY OCCURRED 200 PL | ACE OF INJURY (Home, for | | or lown) | (County |) (S/c |
| Heur a.m. | 19 While | Not while at wark | ctory, street, office bldg., et | rc.) | | | |
| p. m. | G, WGK | □ a, +a, r | 1 1 | | 10 | | |
| 21 certify that | t (I) (this haspital) attende | d the deceased fram | Juste 6 19 | 244, ta. | MOV. 1 | E., 19.600 t | hat (I) (we) lo |
| sow the decens | ed alive on May 18 | 19 6 and that a | leath accurred at 12 | 23 from | the course or | d on the dat | e stated above |
| 22a S GNATURE | or one on Lizewit I b | = 17_125.49 Gild (IIG) C | really discorred disex | 77; | The couses of | a dir the dat | 22b DATE |
| A/ A | . 1 | 10 0 | ATTENDINGA | MED _ | STAFF | 1.7 | 18/60GN |
| 1 atte | arine ll. 1. | habman | M D PHYS 🔀 D | PRECTOR | PHYS 🗆 | T.T./ | 10/00 |
| 22c PHYSICIAN'S | | | 22d ADDRESS | | | | |
| NAME (Type) | harine Chap | v v | 3924 B | altim | ore St. | Kensit | igton, |
| | nine - | | | | | | |
| 230 BURIAL CREME | THEREOF | 23c NAME OF CEMETERY O | | 23d LOCAT | TION (City, town, thersbu | or county) | (Stole) |
| REMOVAL (Specify) Burial | 11/21/60 | Forest Oak | Cemetery | Gai | thersou | rg, mai | ATRIG |
| 24 FUNERAL DIRECTOR'S | SIGNATURE | ADDRESS | | D BY REGIST | PAR SEL PERS | STRAR'S SIGNATU | 1RF |
| | | | | | | | |
| Robert | A. Pumphrey | Bethesda, M | rary Land | JY Z Z '61 | J Cin | Chur & Had | A.A. |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12746

| | 1 PLACE OF DEATH a. COUNTY MONTGOMERY 2 USUAL RESIDENCE (Where deceased lived If institution Res dence before admission) b. COUNTY MONTGOMERY MARYLAND b. COUNTY MONTGOMERY |
|-----|--|
| | b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) SILVER SPRING 8 years SILVER SPRING |
| | d. NAME OF HOSPITAL (If not in hospital, give sireet oddress) OR INSTITUTION 2702 FENIMORE ROAD d. STREET ADDRESS 2702 FENIMORE ROAD is residence on a farm? YES NOT |
| | 3 NAME OF DECASED JESSE BOWLES HUGHES SR. DEATH NOT SEATH NOT SEAT |
| | Type or print) S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 3/31/08 9 AGE (In years lost birthday) 52 yrs 15 UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min |
| .) | 10s USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) AMERICAN CITIZENS Insurance Supervisor Insurance Co. Orange County, Virginia U.S.A. 13. FATHER'S NAME WILLIAM GEORGE HUGHES 14. MOTHER'S MA DEN NAME LAURA PAYNE |
| | 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address NO 579=32-2171 Mrs. Georgia A. Hughes, 2702 Fenimore Road 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 1 |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the under: lying couse lost. (c) |
| Ó | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) |
| | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o, m 19 While Not white of work |
| | 21 I certify that (I) (this hospital) attended the deceased fram. Plant 1960 that (I) (we) last saw the deceased alive an 1960 and that death occurred at 44M, from the causes and an the date stated above 270 STONATURE M.D. PHYS DIRECTOR PHYS. D |
| ./% | 22c PHYS/CIAN'S NAME (Type) JOHN J. CURRY M.D. PHYS DIRECTOR PHYS. D 22d ADDRESS 10620 Glorging Que M.D. PHYS |
| 11 | 230 BUR A. CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, Township County) BURIAL 11/9/60 PARKIAIN CEMETERY MONTGOMERY COUNTY, MAXYLAND |
| | 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS SILVE' SPRING, MD. 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE OATENOV 1 4 '60 OATENOV 1 4 '60 |

12689

(Stole)

22b DATE S GNED

ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 by the haspital or ottending physician

TO HOSPITAL may be refa VR A1 ISM 9/59



FOR STATE HEALTH DEPT.

I tarm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12756 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | - 4 | a | phy | 4 | nay |
|-----------|------|------|-----|---|-----|
| Dist. | No.1 | File | d | * | 3 |

| H | | Reg. Dist. No: |
|-----|--|--|
| - 1 | PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) |
| | o. COUNTY Montgomery MARYLAND | o. STATE mel b. COUNTY m mto |
| 4/ | b CHY OR TOWN I but do corporate inter write RUBAL C LENGTH OF STAY IN 16 | c CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town) |
| 1 | Kockwell 5 yrs | Korkvelle ! |
| | d NAME OF MOSPITAL OR INSTITUTION (if not in pospital, give strift oddiess) | distrect address of Street Addr |
| 200 | NAME OF PIER OF Middle | Last 4 DATE Mont's Day Year |
| | (Type or print) (Sulution 9 dim uncl | Hulse DEATH MW 27 1960 |
| 13 | SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. | DATE OF BIRTH 9 AGE to your IF UNDER TYPEAR IF UNDER 24 HRS. |
| L | Male White WIDOWED DIVORCED | 1-16-26 34 yrs Months Days Mar. |
| | 00 USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR INDUSTI during most of working life, even if retired) | RY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY |
| - | accountant of S. you. | the U.S.C. |
| | 3. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| - | 5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, IN | Harth C. Heliong |
| ľ | Yes WW Z terrice) Unknown | 1806 meauliffe in |
| F | 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] | shard E Mulse Dockerble med |
| ı | PART I, DEATH WAS CAUSED BY | ema - bilateral |
| I | 3770 | |
| ı | 3000 | f Matric contents |
| L | gave rise to immediate course (III), stating the underlying DUE TO | |
| | couse last. (c) Acute alcohol | lism |
| | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? |
| | | AEZ 💆 NO 📋 |
| | 206 DESCRIBE HOW INJURY OCCURRED (E- PRIMARY ☐ CONTIBUTING ☐ CAUSE OF DEATH. | inter nature of injury in Part I or Part II of Hem 18.) |
| 16 | | CE OF INJURY (Home, form, 20F (City or town) (County) (State) |
| | Hour o.m. While Not while tocio | CE OF INJURY (Home, form, 120f (City or lown) (County) (State) bry, street, office bldg., stc.) |
| ľ | 21. I certify that I tack charge of the remains described above | ve heid on Autony M. Jerneties D. Jewis D. |
| ı | opinion deoth resulted from: Natural causes . Accident | |
| ı | A Cidem E | |
| | SIGNATURE Trans & Barzahart | _M.D. CHIEF MEDICAL EXAMINER [] |
| | EXAMINER'S FLAWR T PLOSEDOS | ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D 11-28-60 |
| 2 | 20. BURIAL, CREMATION 226 DATE THEREOF 220 NAME OF CEMETERY OR | |
| | Burial 11/30/60 Arlington N | |
| 2 | 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 240. REC'O BY REGISTRAR 246 REGISTRAR'S SIGNATURE |
| | Robert A. Pumphrey Bethesda, Mar | yland paryov 29'60 arthur 8. Knows |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute 11.

Should by Provinced to the Chief Medical Examiner's Office and may with form MA. Page II may be refor. Page TO FUNEXAL DIRECTOR: Page 3 should be mail as a Jurial-transit perpat. The pages 1 and 2 with the State board of Health, or its designated agent, prior to burial, cremation, or removal, and may expet within 72 hours after death. VS ATSME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12749

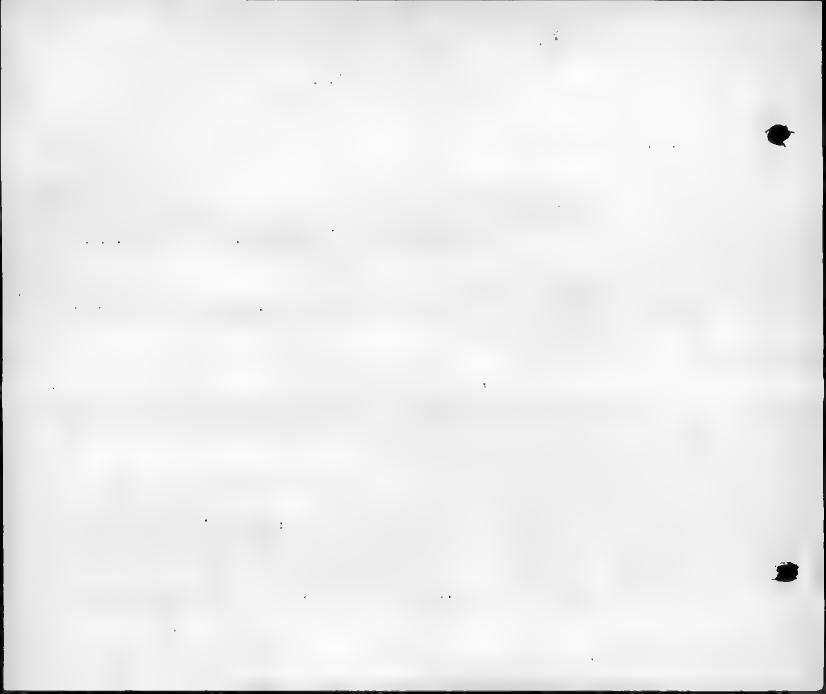
1901

| TEUTA | CERTIFICAT | L OI DE | | | | | |
|---|--|-----------------------------|----------------|------------------------|------------------------|------------------|------------------------------------|
| PLACE OF DEATH O. COUNTY Montgomery | | 2, USUAL RESIDE | ENCE (Where de | | If institution | n: Residence b | efare admission) |
| b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) | c. LENGTH OF STAY IN 16 | c. CITY OR TO | WN (If autside | carparate lim | its, write RU | RAL and give | nearest town) |
| Bethesda (Rural) | 17 days | Wash | ington | | | | 47X |
| d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION | address) | d STREET AD | | | | | IS RESIDENCE ON A FARM? |
| U. S. Naval Hospital | | 1200 4 | 4th Pla | ce SE | WDC _ | | YES NO |
| 3. NAME OF First | Middle | Last | 4. D | ATE | Manif | 1 | Day Year |
| (Type or print) William | George | HUNTLE | | EATH] | lovemb | | 7 19 6 |
| S. SEX 6. COLOR OR RACE 7. MARRI | ED 🔁 NEVER MARRIED 🔲 📙 | . DATE OF BIRTH | | 9. AGE | (In years birthday) | Manths Day | AR IF UNDER 24 HE |
| Male Caucasian WIDOWE | | 12-11 | -82 | 77 | yrs. | | |
| 10a. USUAL OCCUPATION (Give kind of work dane 10b.) during most of working life, even if retired) | | RY IN BIRTHPLA | h Wale's | Engla | nd | 12.CITIZEN | OF WHAT COUNTR |
| USMC | RETIRED/USMC | 73 | sonsydan | SOCKSK | | U.S | .A. |
| 13. FATHER'S NAME | | 14. MOTHER'S | MAIDEN NAME | | | | |
| George HUNTLEY | | Anna | JAMES | | | | |
| (Yas, no. or unknown) | SOCIAL SECURITY NO. 17, INF | ORMANT) Willia | m J.J.H | untlev | 1215° | Chillu sville | m Manor R |
| | | MIETA, | | | | | |
| OR CONTRIBUTING CI CAUSE OF DEATH | RIBE HOW INJURY OCCURRED. | (Enter nature of | . , | ar Part II of it | | 15 | |
| Haur o m. While of wark | Not while factor of work | pry, street, office | bldg., etc.) | (City of Your | '' | (Coun | .,,, |
| 21 I certify that Of (this hospital) attended saw the deceased alive an NOV . 7 | ed the deceased fram. <u>C</u> 19 <u>60</u> , and that de | Oct. 21 | 10!460 a' | | | | that (% (we) la te stated above |
| Cunel Wille Russell MILLER | | ATTENDING PHYS 22d. ADDRES | | | 5. <u>A</u> J | a+hosdr | 11-7-60 SIGNI |
| 23a BURIAL, CREMATION, 23b DATE THEREOF | | ** | , Naval | | | | |
| REMOVAL (Specify) TUTIAL 11-10-60 | 23c. NAME OF CEMETERY OR Arlington Natio | _ | | cocation (c rlingto | | cauntyj | (Stole) |
| 24 FULL BACKET PROTORIE SIGNATURE | ADDRESS | | 250. REC'D BY | | | TRAR'S SIGNA | TURE |
| Lee Funeral Home 4th Mass. | Ave. NW, WDC | | DANOV/ | '60 | auch | or S. Him | A.B. |

TO HOSPITAL ATTINDING ENYSICIAN: The naw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or oftending physician.

TO FUNERAL DIRECTOR: After this cert finate has been signed by the attending physician and completely filled in by a funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A1S (4) 1SM 9/59



2 USUAL RESIDENCE (Where deceased I ved If institution Residence before admission)

1 PLACE OF DEATH

ter death. Page 4

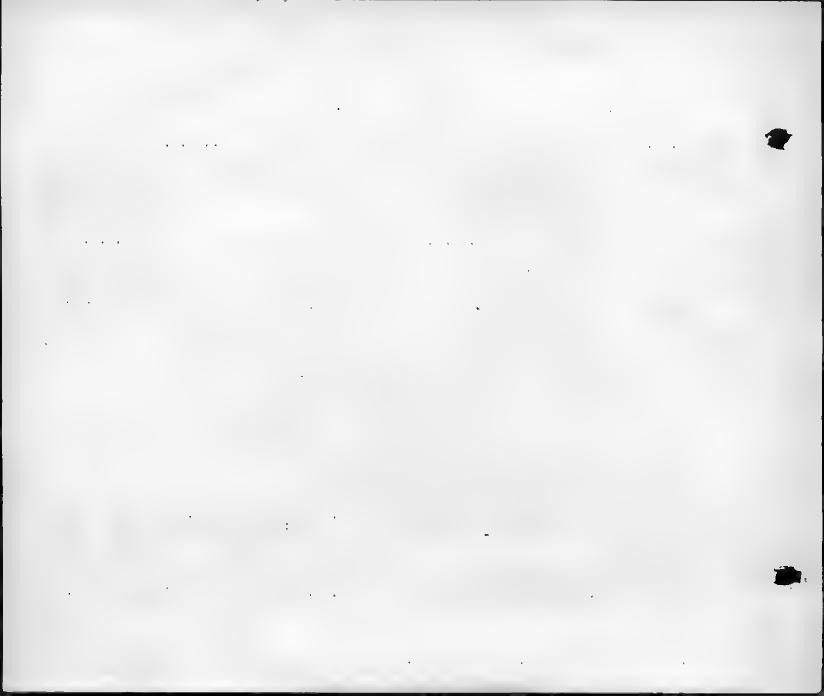
should TO HOSPITAL SATENDING PHYTICIAN; The faw requires that the death certificate be executed within 24 houmay be referred. By the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-trans't permit. Then please remaye carbon papers. Pages I and the State Board of Health prior to burial, cremation, or remayal, addition, event, within 72 hours after death.

ATTENDING PHYTICIAN; The law requires that the death certificate be executed within 24 hours

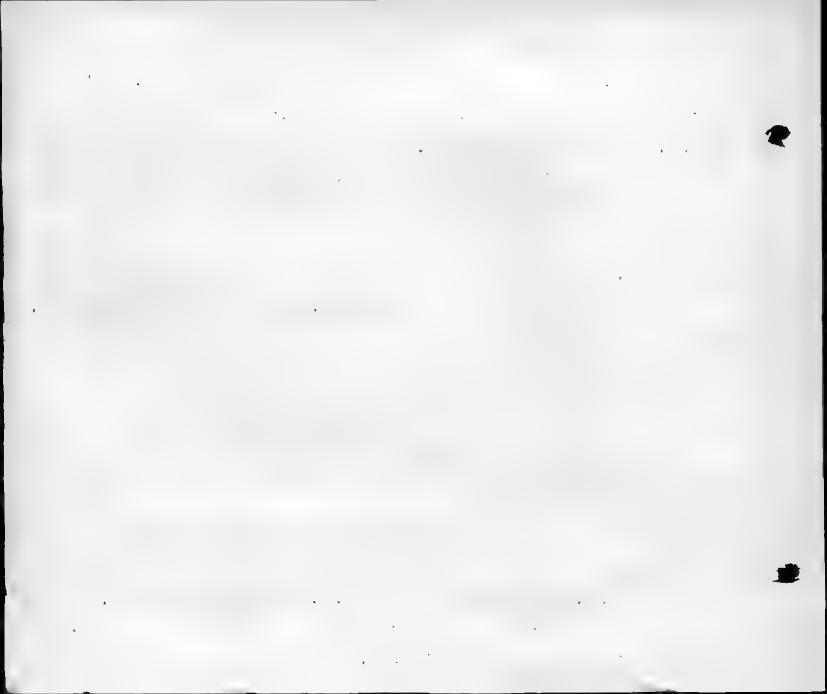
| | Montgomer | 7 | | MARYL | AND | Distr | ict c | of Colu | mblacounty | | | | | |
|---------------|---------------------------------------|---|----------------|----------------------------|----------|--|------------|----------------|------------------------------------|------------|----------|-----------|------------------|--|
| | | f autside carparate limi | ts, write | c LENGTH OF STAY | N lb | c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) | | | | | | | | |
| | Bethesda (| | | 17 days | | Washi | ngtor | 1, | | | - 1 | f | 7 | |
| - | d. NAME OF HOSPIT | AL (If not in hospital, g | ive street | oddress) | i | d. STREET AC | DDRESS | | | | | e. IS RES | IDENCE FARM? | |
| | U. S. Nava | al Hospital | | | į | 1734 | | | | NOX | | | | |
| 3. | NAME OF DECEASED | Fir | 'SF | Middle | | Lasi | | 4. DATE | Mor | | Do | | Year | |
| | (Type or print) | Joh | n | Lee Roy | | HUTCHE | SON | DEATH | Novem | | 22 | | 1960 | |
| 5 | SEX | 6 COLOR OR RACE | 7 MARI | RIED 🔀 NEVER MARRIEI | | DATE OF BIRTH | | 1 | 9. AGE (In years last birthday) | Months | Days | Hours | R 24 HRS | |
| Иa | le | Caucasian | WIDOW | ED DIVORCED | | 7-26-8 | 9 | | 71 yn | 1 | | | | |
| 10a | USUAL OCCUPATION during most of world | ON (Give kind of work king life, even if retired | dane 10b | KIND OF BUSINESS OR | INDUS | TRY 11 BIRTHPLA | ACE (State | or foreign co | untry) | | | | OUNTRY | |
| | Mariner | (Retired) | <u>'</u> | U. S. Navy | | Nor | th Ca | aroline | ì | U | .S. | A. | | |
| 13. | FATHER'S NAME | | | | | 14. MOTHER'S | MAIDEN N | NAME | | | | | | |
| | Charles L. | . HUTCHESON | | | | Jane | DENN | Y | | | | | | |
| | | R IN U.S. ARMED FOR | | SOCIAL SECURITY NO. | 17, IN | FORMANT | | | Add | ress Na | val | Air | Sta. | |
| | Yes | WWI | | None | (S) | Fred D. | Huto | cheson, | , YN3, U | SNR, | Mira | mar, | Cali | |
| | 18. CAUSE OF DEA | ATH Enter only one co | use per li | ne for (o), (b), and (c).] | | | | | | | INT | ERVAL BE | TWEEN | |
| | a PART I DEA | TH WAS CAUSED BY: | , C | oronary occi | lusi | on | | | | | | 5 mi | | |
| | 140 | DUE TO | | | | | | | | | | | | |
| | Conditions, if a | ny, which) | . A: | rterioscler | otic | heart d | iseas | se | | | - | years | 5 | |
| | gave tise to i couse (a), stating | mmediate (DUE TO | - | | | | | | | | | | | |
| | lying cause lost. |) (c | :)(; | | | | | | | | | | | |
| ATION | PART II OTI | HER SIGNIFICANT CON | DITIONS | CONTRIBUTING TO DEA | TH BUT | NOT RELATED TO | THE TERM! | INAL DISEASE | CONDITION GIV | VEN IN PAI | RT 1(o) | PERFO | AUTOPSY RMED? | |
| CERTIFICATION | | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER | 20b DES | CRIBE HOW INJURY OF | CURREC |). (Enter nature of | injery in | Part I or Part | 1 of item 18.) | | | | | |
| | 20c TIME OF INJUR | | gr 20d. I | NJURY OCCURRED | 20e. PL4 | CE OF INJURY (F | Iome, form | 1. 20f (City | ar town) | | (County) | | (State) | |
| MEDICAL | Haur a.m. p m | 19 | While at wa | Not while | | lory, street, office | | | | | | | | |
| | | | | ded the deceased t | | | 1. 19 | 60 ta | Nov. 22 | , 19 | | | week last | |
| | saw the decea | sed alive an NO | y. 2 | 219_60 , and | that d | eath accurred | at | M, fram I | the causes ar | nd an th | e date | stated | abave | |
| | 220 SIGNATURE | | 0 | .0 | | ATTENDING | | ED | | | | 221 | DATE SIGNED | |
| | | 100 | Q. 1 | | - 1 | A D PHYS. | DI X | RECTOR . | STAFF PHYS | | 11. | -23-6 | 00 | |
| | 22c PHYSICIAN'S NAME (1) | J. E. MI | CHER | LIP, MC, U | SN | U. S. | | al Hosp | pital, B | ethes | da, | Md. | _ | |
| 23c | BURIAL CHEMATIC | ON 235 DATE THEREC |)F | 23c NAME OF CEME | TERY O | R CREMATORY | | 23d LOCAT | ION (City town | ar caunty) | | (Stot | (P) | |
| | REMOVAY (Specify) | 11-28-6 | 0 | Arlington | n Na | tional | | Arl | ington | | Vire | ginia | , | |
| | FUNERAL DIRECTOR | & STATURE NE | in a | ADDRESS | | | 2Sa. REG | D BY REGISTI | RAR 25b REGI | STRAR'S S | IGNATU | RE | | |
| R | XXXX W.W.C | Hambers Co | SE,W | ashDC | DATE | IN T B . | 00 | lithur. | 8. Ki | طعله | | | | |

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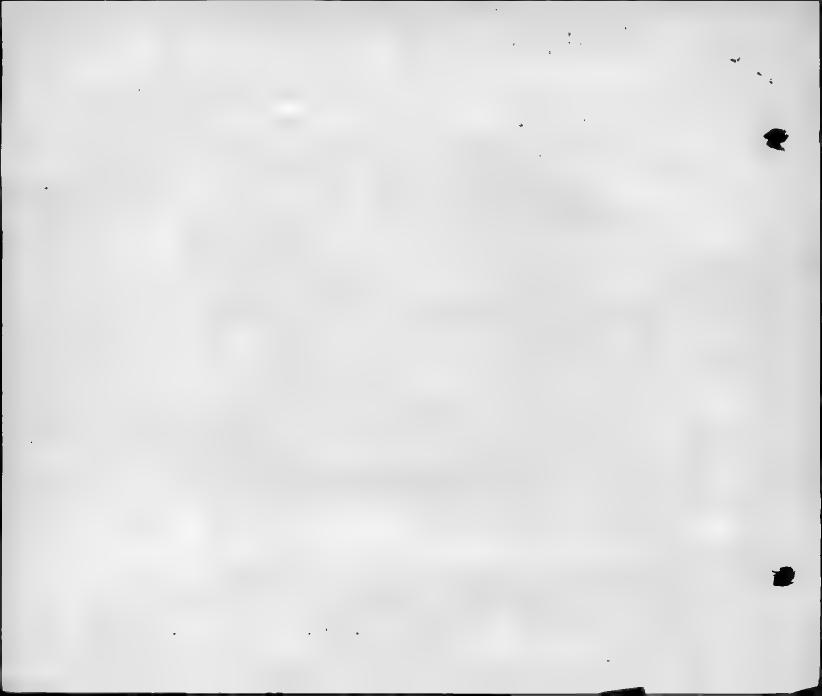
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| | | T # 0 T 0 |) | CEKTIFIC | AIE | OF DEAL | I IT. | | | | | | 6600 |
|-----------------|--------------------------------|---------------------------|-------------|----------------------------|-----------|-------------------------|-----------|--------------|--|----------------|-------------|-------------|---------------|
| 1. | PLACE OF DEATH | | | | 2 | USUAL RESIDENCE | (Whe | re decease | | | ı: Residenc | e before ad | Imission) |
| | o. COUNTY Mont | gomery | | MARYLA | ND | o. STATE Marvl | and | 1 | b. C0 | YTAUC | St. M | arv's | L. |
| | | f autside corporate limi | ls, write | c. LENGTH OF STAY IN | 1b | c. CITY OR TOWN | | | rote limits, | write RU | RAL ond g | ive negrest | town) |
| l _R | ethesda (F | - N | | 4 Davs | | Patux | rent | t Rive | er (Ri | ural |) | | · |
| | | AL (If not in hospital, g | give street | | | d. STREET ADDRES | March and | | ×===================================== | A. S. DOWN. | | e. IS | RESIDENCE |
| l _{II} | | Hospital. | Reth | esda. Md. | 7 | 57 B MEMO. | N | Isve | Air S | hatic | ori | | s 🗋 NO 🔯 |
| 3. | NAME OF | Fir | | Middle | | Last | | 4. DATE | | Manth | | Day | Yeor |
| | (Type or print) | Jam | es | Allen | | JOHNSON | | OF DEATH | 1 | No ve r | nber | 11 | 1960 |
| 5 | SEX | 6. COLOR OR RACE | 7. MAR | RIED NEVER MARRIED | B. C | ATE OF BIRTH | | | 9 AGE (In | years I | | | INDER 24 HRS |
| M | ale | Caucasian | WIDOW | ED DIVORCED [| 29 | October | 190 | 60 | 1031 0111 | yes | Months | 13 10 | iurs Min |
| | . LSUAL OCCUPATIO | | done 10b. | KIND OF BUSINESS OR I | NDUSTRY | 11. BIRTHPLACE (S | itote o | r foreign c | ountry) | | 12 CITIZ | EN OF WH | AT COUNTRY? |
| | NA | with met east it temed | , | NA | | Maryland | 1 | | | | | USA | |
| 13. | FATHER'S NAME | | | | 1 | MOTHER'S MAIDE | EN N | AME | | | | | |
| W | illiam B. | JOHNSON | | | | Carolyn C | 000 | PER | | | | | |
| 15 | WAS DECEASED EVE | R IN U. S ARMED FOR | | SOCIAL SECURITY NO. | 17. INFO | RMANT | | | | Addre | "757E | MEMQ | NAS |
| " | NO | NA | (MLA1CE) | NA | Will | iam_B. JC | OHN | SON | | | | | r. Md. |
| | | | use per li | ne far (a), (b), and (c)] | | | | | | | | INTERVA | L BETWEEN |
| | PART I. DEA | TH WAS CAUSED BY | | ROITERE | - 11 | A UN | W. | Jan | W 50 | T106 | DEVI | ONSET | AND DEATH |
| | 7/5 | IMMEDIATE CAUSE (c | | | | 7 0,0 | 711 | | | | | | |
| | Conditions, if o | ny which) | | | | | | | | | | | |
| | gove rise to i | mmediate (DUE TO | | | | | | | | | | | |
| | lying couse lost. | the Under- | | | | | | | | | | | |
| ١× | | J (c | *** | CONTRIBUTING TO DEATH | I BUT NO | T RELATED TO THE TI | ERMIN | NAL D SEAS | E COND TO | ON G-YE | N IN PART | 1(a) 19 W | AS AUTOPSY |
| CATION | | | | | _ | | | | | | | | ERFORMED? |
| E E | 200 ACCIDENT WA | AS UNDERLYING [] | 20b. DE9 | CRIBE HOW INJURY OCC | URRED. (6 | inter noture of injury | y in P | ort I or Por | t II of item | 18.) | | - 1 | |
| CERTIFI | OR CONTRIBUTING | CAUSE OF DEATH | | | , | | | | | | | | |
| I | 20c TIME OF INJUR | Y Month, Doy, Ye | or 20d. | NURY OCCURRED 20 | | OF INJURY (Home, | | | y or town) | | (C | ounty) | [Stote] |
| MEDICAL | Hour o.m. | 19 | While of wo | | factory | , street, office bldg., | , etc) | | | | | | |
| 2 | p. m. | V | | | | 2.2 0 | | 10. | 7.7 | 2.7 | 30 / | 0 11 11 | W. |
| | | | * | ded the deceased fr | | 1 | | | | | | | (A) (we) last |
| | 220 SIGNATURE | sed alive an | | 1.1 - 19.60 , and th | iat dea | h accurred of L | 4:4 | W. Kom | the caus | es and | an the | date sta | 22b DATE |
| | Kol | ut 7. | Ku | ck | M.D | ATTENDING PHYS | ME | ECTOR | STAFF PHYS | 58 | 11 No | ovembe | SIGNED |
| | 22c PHYSICIAN'S NAME (Type) | | | | | 22d. ADDRESS | | | | | | | |
| | 10/11/2 (17/22) | R. V. RACK. | LT | MC USN | | U.S. Na | ava | 1_Hos | pital | . Be | theso | la. Ma | ryland |
| 23 | BURIAL, CREMATIC | N 235 DATE THEREO | | 23c NAME OF CEMETE | RY OR C | | | | TION (City | 30. 11 | | | (State) |
| | REMOVAL (Specify) | 11-12- | 60 | Ebeneze: | r Cer | netery | | Gre | at Mi | lls | | Md | - • |
| 24 | FUNERAL DIRECTOR | 2 SIGNA PREMILE | 2 How | M Leonard | Russ | 250. | REC'D | BY REGIS | TRAR 2SI | REGIST | TRAR'S SIG | SNATURE | |
| 1 | W W | Funeral H | ome. | Leonardtown | Mi. | DATE | N | ov 1.7 | '60 | CI. | athur 8 | Krauga | |



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, Il institution: Residence before admission) is necessary, irector. Page r your files. . COUNTY of Health, a. STATE b. COUNTY MARYLAND b. CITY OR TO c. LENGTH OF STAY IN 16 corporate limits, write RURAL and give Jearest town IS RESIDENCE ON A FARM? YES NO State NAMEOF Middle 4. DATE DECEASED OF the (Type or print) DEATH 5. AGE (In your IT JNDER TYEAR F UNDER 24 HRS NEVER MARRIED B. DATE OF BIRTH last birthdey) Months Days WIDOWED USUAL OCCUPATION (Give kind of work e during most of working life, even it retired) FATHER'S NAME pages HER'S MAIDEN NAME • even! S DECEASED EVER ULUS, ARMED FORCES? 16. SOCIAL SECURITY NO 1 17 INFOT or unkown) (Eyespive wer or deterof service) Office along with burial-transit permi No 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c), NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY pue IMMEDIATE CAUSE (e) **DUE TO** (6) gave rise to immediate cause DUE TO (e), stating the underlying cause lest cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 ... 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 Medical YES NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Peri I of Peri II of item 18.) PRIMARY | or CONTRIBUTING | the certificate, writing the CAUSE OF DEATH. forwarded to the Chief I BIRECTOR: Page 3 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, ferm. 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) factory, street, office bldg., etc.) While Not While at work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy | Inquiry & Inspection | 🕊 and in my opinion adent, death resulted from: Natural causes 🔣 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER 🔲 DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** DEPUT plnous Address (Street, city, town, or county) 27a, BJR.AL, CREMATION.I NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stein) REMOYAL (Specify) <u>g</u>'4 🗎 o Arlington Nat. Burial Cem Arlington, 23. FUNERAL DIRECTOR 24e, REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Bethesda, Maryland Pumphrey

AND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND Mont gomerou lout 60meri b. CITY OR TOWN (It outside corporate limits, were RURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tokin) trougs AKoma TARK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o, IS RESIDENCE ON A FARM? L'Ashington Southerum S YES 🔲 NO 🎊 NAME OF Year DECEASED OF DEATH (Type or print) Christ, AN AWRENCE 19600 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 38. DATE OF SIRTH 9. AGE (In years IF UNDER 24 HRS IF UNDER TYEAR fast birthday) Davi WIDOWED | DIVORCED | YES. 10g. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE [State or foreign country] 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Auto Seeu, Sales m m Hicks C 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY? Johnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 8317 MRS. I. dNA TAHONA 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if on, which gove rise to immediate course DUE TO (o), stoting the underlying cause lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS ő PERFORMED? NO Z 200. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) 20d/INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY (State) factory, street, office bldg., etc.) Not white 1940 of work of at work The Chief DIRECTOR: death resulted from: Natural couses ... Accident . Suicide (1). Homicide (1). Undetermined couse (1) DATE SIGNED forwordect O FUNERAL ASSISTANT MEDICAL EXAMINER 11-3-60 **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stole) REMOVAL (Specify) 9 National Compterv Arlington Va 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE YS. A15ME(5) Deal Funeral Home 4812 Ga. Av SM 9/55



CERTIFICATE OF DEATH

e. IS RESIDENCE ON A FARM?

26

IF JINDER I YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

U-S-A-

INTERVAL BETWEEN ONSET AND DEATH

2 Hours

11 Hours

loop bladder

(County)

PERFORMED?

YES TO NO

(Stote)

W. VA

(Stote)

YES NO TO

Year

1960

Rea, Dist. Na.

Months Days

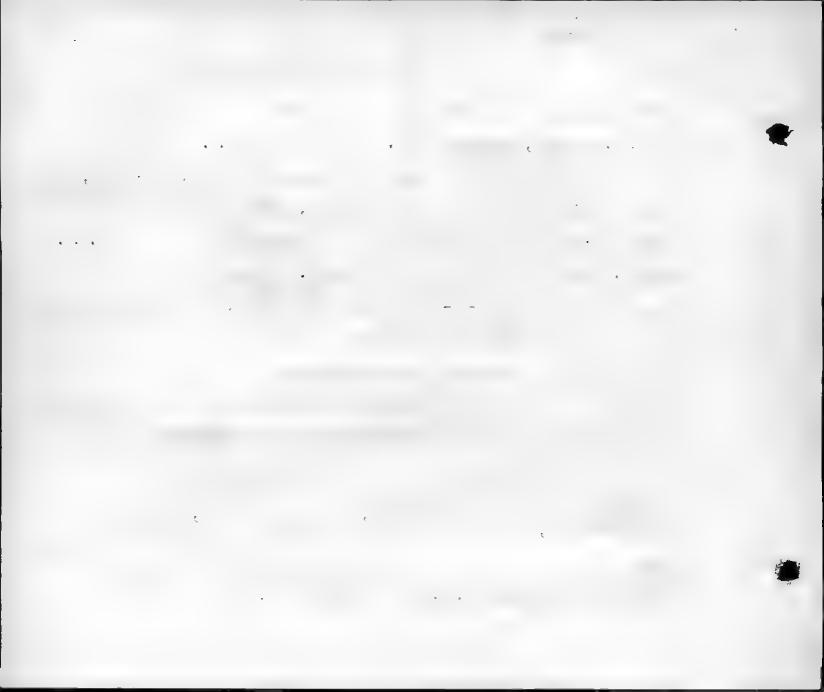
12820 with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) g. COUNTY filed "LISTRICT of Columbia COUNTY MARYLAND Montgomery ero CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ě RURAL and give nearest town) pino Bethesda 2h davs Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS The Clinical Center, Bethesda 14, Md. 1209 M Street. N.W. NAME OF Middle Month filled (Type or print) Vinnia Dell Karnes DEATH November 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE [In years lost birthday) DIVORCED [WIDOWED DO July 13, 1905 Female White 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Hostelry Virginia Rooming house owner carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME D D Mary E. Welcher Jasper N. Benson physici томе 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT The Medical Record Address The Clinical Center, Bethesda 14, Maryland attending IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema DUE TO (b) Acute Cardiovascular Collapse Conditions, if ony, which signed gove rise to immediate DUE TO couse (a), stating the under-3 Septicemia and Pulmonary Atelectasis Bilateral lying couse lost. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 10 19 WAS AUTOPS Post-operative (4 days)total pelvir exenteration and construction of ileal 200 ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I ... Iem 18.) certificate 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bldg., etc.) Hour p. m. Not while of work of work 21. I certify that I attended the deceased fram November 2, 19 60 to November 26, 19 60 that I last saw the deceased detached glive on November 26. 19 60 , and that death accurred at 5:50A M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) 0 Mational Institutes of Health ACTUAL SIGNATURE <u>و</u> prior shauld may be reta Bethesda 14. Maryland George F. Miller Jr. M.D. NAME (Type) C 220. BUR AL, CREMAT ON, 226. DATE THEREOF 22d LOCATION (City, lown, or county) 22c NAME OF CEMETERY OR CREMATORY -- REMOVAL (Specify)

VS A1S (4) 15M 9/5R

23. FUNERAL DIRECTOR'S SIGNATURE

24g, REC'D BY REGISTRAR DATE NOV 2 9 '60

246 REGISTRAR'S SIGNATURE Chithur S. Haus

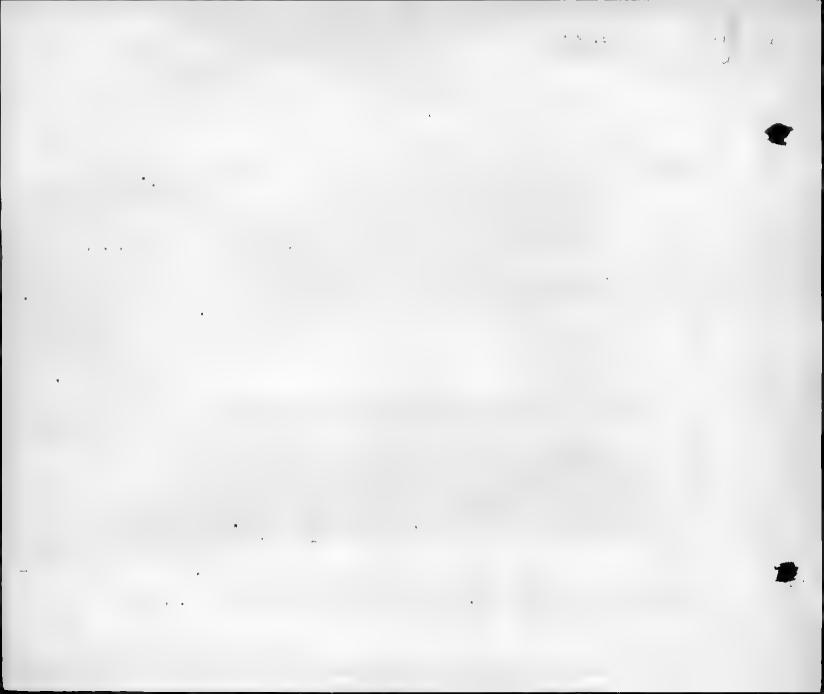


Reg. Dist. No. 12754 CERTIFICATE OF DEATH director, iled with 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) filed a COUNTY **b. COUNTY** l'on agoi ery MARYLAND Long, Jmary funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) be RURAL and give nearest lown) Since 200 " mrland Chavy Chase. d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Mealon Sanitarium YES NO T ,5 3. NAME OF NOV . Day First Middle Last 4. DATE Year DECEASED (Type or print) Jullivan DEATH 19 60 Karnev 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED 9. AGE (In years last birthday) 8 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months I Doys Min DIVORCED | WIDOWED IT Jemal e White 10d USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Detroit, Hichigan puo U.S.A. Houseuri fe ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion Not known John Sulkivan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Chovy Chase ... d. ottending pl n please rem t within 72 h Educk Ave Mr. Edwin Stohlman. Mone 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) arteriosclerotic heart disease nontha DUE TO Conditions, if any, which Generalized arteriosclerosis, severa gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. **buriol-transit** PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPS) PERFORMED? None YES TO NO IN 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) certificate llone 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) Hour o m While Not while of work of work 21. I certify that tattended the deceased from Aug. 16 19.51, to Nospitx, 15, 19.60 that I last saw the deceased 60 2 and that death accurred at 12:45 MF from the causes and on the date stated above. CTOR: DMI ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATURE The Argome abls. 3 should nay be retai PHYSICIAN'S NAME (Type) Dautey 220 BURIAL, CREMAT ON, 226. DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stote) REMOVAL (Specify) 8-60 emetery SUPI CHIGAN 240, REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

death.

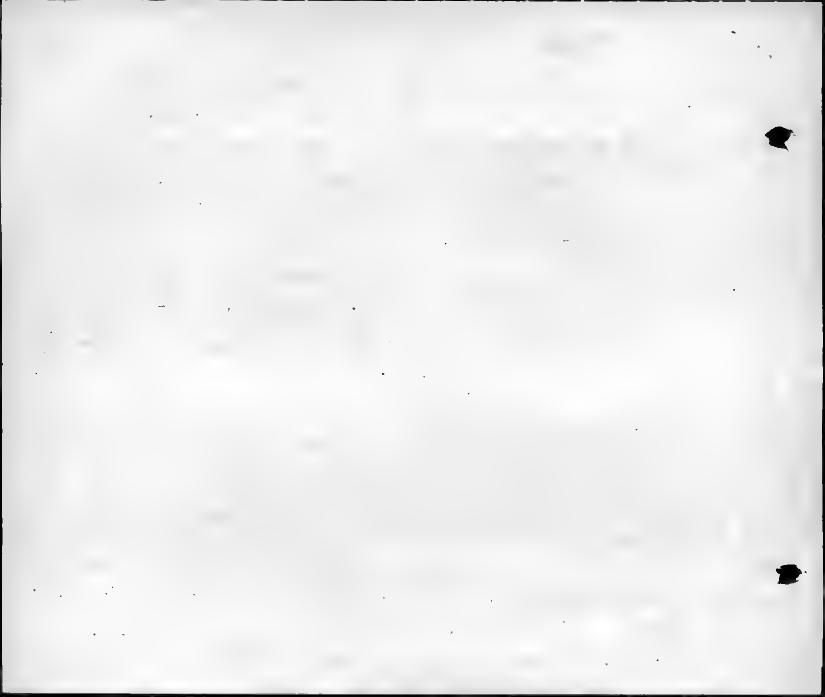
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| PLACE OF DEATH | | | | · | | 2 USUAL RESIDE | NCE (| Where deceases | l ived. If instituti | on Reside | ence befo | ore admiss | ion) |
| | ontgomery | | | MARY | LAND | | ary | land | b. COUNTY | Mon | tgo | mery | , |
| b CITY OR TOWN I | (If autside carporale limi | ts, write | c. LEN | IGTH OF STAY | IN 1b | c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) | | | | | | | } |
| | (Rural) | | | | | ₹ .° 47 | 703 | Chase | Avenu | em B | eth | esda | |
| d NAME OF HOSPI OR INSTITUTION | TAL (If not in hospital, g | jive streel | address) | | | d STREET ADI | DRESS | | | | | e. IS RES | IDENCE FARM? |
| Ropine | | | | | | 470 |)3_ | Chase | Avenue | | | | NO <u>2</u> |
| 3. NAME OF First Middle Lost 4. DATE Manth Day OF | | | | | | | | | | | ру | Year | |
| (Type or print) | Katherin | 1e | V | | Keim | | DEATH | Nove | • | 26 | | 19 60 | |
| S SEX | 6. COLOR OR RACE | 7 MARR | IIED 🔲 | NEVER MARRIE | D K | DATE OF BIRTH | | | 9. AGE (In years last birthday) | HOUDE Mouths | | Haurs | R 24 HRS Min. |
| Female | White | WIDOWE | D 🔲 | DIVORCEE | | June 19 | ₹, | 1868 | 92 yrs | 5 | 7 | HOUIS | OTHE. |
| 10o USUAL OCCUPATI ducing mast of wor | ON (Give kind at wark in iking, life, even if retired | 1 | | | R INDUS | TRY 11 BIRTHPLAC | CE (SIG | ale ar fareign co | ountry) | 12 CI | TIZEN O | F WHAT C | OUNTRY? |
| Dress n | k no life, even if religed naker-ret | | Sew: | ing | | Ma | ary | land | | | US | | |
| 13. FATHER'S NAME | | | | | | 14. MOTHER'S M | AIDEN | NAME | | | | | |
| Charles | | | | | | | gda | lene | | know | n) | | |
| (Yes, no. or unknown) | ER IN U. S. ARMED FOR (If yes, give war ar dates of s | | SOCIAL | SECURITY NO. | . 17, IN | FORMANT | | | Add | ress | | | |
| No | | | Nor | ne | Mx | rs. Pete | rs | Haley, | Neice | -sam | e 2 | d | |
| | ATH [Enter anly one co | use per lin | ne far (a | i), (b), and (c).] | | 0 | | 1 | | | INT | ERVAL BE | TWEEN |
| PART I. DE. | ATH WAS CAUSED BY: IMMEDIATE CAUSE (or | 10 | on | aleter | no 1 | east | - | acher | ne | | | 20 | days. |
| 나사 | S X DUE TO | 1 | 1 | | | - 1 | | | | | | | |
| Canditions if | | K | 41 | esten | ar | ne hi | a | it de | alax | e | | 21 | 1000 |
| gave rise to cause (a), stating | | al | 1 | , , | 0 | | 6 | | | | | 2 4 | |
| lying cause last. |) (c | (N) | 16 | don | cle | esalu | 2 | | | | | | ger |
| Pair II, OT | HER SIGN FICANT CON | DIT ONS | ONTRE | BLTING TO DEA | TH BUT | NOT RELATED TO T | 'HE TER | RMINAL DISEAS | E CONDITION GIV | EN IN PA | ART 1(a) | | AUTOPSY RMED? |
| 3 20 | mell (| ac | ch | dea | į | | | | | | | YES 🔲 | NO 🛂 |
| 200 ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF) 20c TIME OF INJU Haur a m. | AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER) | 20b DESC | CRIBE H | OW INJURY OF | CCURRED |), (Enter nature af i | injury | in Part I ar Part | t II of (tem 18) | | | | |
| 20c TIME OF INJU | RY Manth, Day, Ye | | | | 20e. PLA | CE OF INJURY (Hotory, street, affice b | ome, fo | orm, 20f (City | or tawn) | | (County) |) | (State) |
| Haur a m. | 19 | While at war | | at while wark | 100 | iory, sneer, dirico c | Jieg , | 1 | | | | | |
| 21 certify the | at (I) (this haspital |) oftend | led the | e deceased | fram | I some 10 | 4 | 19 4 6 to 2 | mar. 2 | 6 19 | 60 1 | hat (I) (| wet last |
| sow the deced | (// | age | 191 | 960, and | that G | eath accurred | of & | P.M. from | the causes or | id an H | he date | e stated | abave |
| 220 SIGNATURE | M1 1 | | | 0 | | | | | | | | | b. DATE SIGNED |
| | 17-100 | un | 260 | elles | h | ATTENDING PHYS. | | MED DIRECTOR [| STAFF PHYS | | 1 | 1/26 | /60 |
| 22c PHYSICIAN'S NAME (Type) | RID | | | | | 22d ADDRES | 5 | | | C | -11. | , W | /ASH |
| , , , , | H11.62 | 3/4/ | 100 | 14y-1 | 111 | 2/0. | 25 | 1-7 | VINE | 2/ | N.K | | P.C. |
| 23a BURIAL CREMATION REMOVAL (Specify | |)F | 23c N | NAME OF CEME | TERY OF | RCREMATORY | | 23d. LOCAT | TION (City, town, | ar caunty |) | (Stal | e) |
| Burial | 11/28/6 | 50 | Mt | . Oli | vet | Cemeter | ·y_ | Was | hington | 1. D | . C | | |
| 24 FUNERAL DIRECTO | R'S SIGNATURE | | Al | DDRESS | | 2 | 25a. RI | NOV 2 9 | | STRAR'S | SIGNATI | JRE SALLE | |
| Robert A | . Pumphre | V E | Beth | nesda. | Man | rvl and | DATE | MATA | 00 | ~~~ | 20 | | |



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| 1 | | ACE OF DEATH | | 2. USUAL RESIDENCE (Where | | | before admission | 1) |
|---|----------|--|----------------------------|-------------------------------------|------------------------|----------------------|------------------|---------|
| ı | 0. | NICHTGUMERY | MARYLAND | MARYLA | N.D b cc | DUNTY MONT | GOMER | W |
| I | Ь | CITY OR TOWN (f outside corporate limits, write RURAL and give negrest town) | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outs | ude carporate limits, | write RURAL and give | e nearest town) | |
| ı | 7 | AKOMA TARK | 53 YEARS | TAKAMA | FARK | 1 | > | |
| l | d. | NAME OF MOSPITAL (Finat in haspital, give street | | d STREET ADDRESS | , | - | a IS RESID | |
| ı | | OR SLIGO CREEK | PARKWAY | 8403 SLIGO | CREEK TA | BRKWAY | YES T | |
| ľ | 3. N. | AME OF First | Middle | | . DATE | Month | Day Yes | er er |
| 1 | | eceased ype or print) // A D J | DNM | K.ME | OF DEATH NAS | EATHER | | 60 |
| ł | S. SE | | HED NEVER MARRIED | B DATE OF BIRTH | 9. AGE (In | | FAR IS UNDER | |
| 1 | 1 | ENAZE III. TE WIDOWI | | Durance 11 | lost birt | | ays Hours | Min |
| ł | 10a. | USUAL OCCUPATION (Give kind of work done 10b. | | STRY 11 BIRTHPLACE (Stole or | | | N OF WHAT COI | UNTRY? |
| | | during mast of working life, even if retired) | | W. Ca Carra | -1. V.s | Vision . | 11.50 | |
| J | 13. F | ATHER'S NAME | | 114, MOTHER'S MAIDEN NA | ME CO | 71//// | <i>0.</i> 0, 7_ | |
| | - | Roman H Fare | | Device | | | | |
| ł | 15. V | VAS DECEASED EVER IN U. S. ARMED FORCES? 116 | SOCIAL SECURITY NO. 17 I | NFORMANT | | Address | A (20 per ser) | |
| | | no, or unknown) (If yes, give war or dates of service) | SOCIAL SECONOTION | Vagnil 1 W: | 110 821 | 2 . C . C . C . C | Detroit | De |
| ŀ | - 7. | In Called Co promite | | MIKKY W. KI | y or 570 | J 02/40 | CHARLES AND OCTO | CKLY |
| ı | | IB. CAUSE OF DEATH (Enter only one couse per lin | te for (o), (b), and (c)] | +-1 /- | | | ONSET AND D | |
| ı | | PART I. DEATH WAS CAUSED BY: | stonery. | 1 prome | -20 | | 130 | - |
| | | H 2 D DUE TO | | | | | 7 | V |
| ı | | Conditions, if any, which by gove rise to immediate (b) | require | Likes | | | | |
| | | cause (a), stating the under- | | | | | | |
| ı | ., - | lying cause lost. (c) | | <u> </u> | | | | |
| | 10 | PART II OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BU | NOT RELATED TO THE TERMINA | ALD SEASE CONDITI | ON GIVEN IN PART 1 | PERFORA | MED? |
| ı | Z. | My T | entensin | | | | YES 🔲 | NO Z |
| ı | CERT | 200 ACCIDENT WAS UNDERLYING 201 201 5/ES | CRIBE HOW INJURY OCCURRI | ED (Enter noture of injury in Pai | 1 I or Port II of stem | 18.) | | |
| ı | 3 7 | | NJURY OCCURRED 20e PI | ACE OF INJURY (Home, farm | 20f (City or town) | (Co. | unity) | (State) |
| | WEDICAL | Hour o. m. While of wor | | ictory, street, affice bldg., etc.) | | | | |
| ı | ` - | 21 I certify that (I) (this haspital) attend | lad the deceased force | 10.6 | 17:21-14 | 2- 10/6 | , that (I) (w | -3 h1 |
| | | | 19.40 and that | a 1 f annie | from the sou | | | |
| | ⊢ | 220 SIGNATURE | /) | dedin accorred dit_A w | t, Iroin the cou | ses and an the c | | DATE |
| N | | Willeam D. | Level | | CTOR STAFF | | 11/27 | SIGNED |
| 1 | | 22c. PHYSICIAN'S NAME (Type) 1.7. | 2.17 | 22d. ADDRESS | | 72. 3 | 2 | |
| 4 | | WILLIAM D. K | 0.0 | 19006 60 | LESKILLI | EMOAD O | ilver af | TRING- |
| | 23a. | BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) | 23c NAME OF CEMETERY C | OR CREMATORY 2 | 3d LOCATION (City, | town, ar county) | (State) | MY |
| | 7 | WRIEL 11/27/60 | CEDAR HIL | 4 | SUITLANI | 2 MARY | LAND | |
| | 24 F | UNERAL DIRECTOR'S SIGNATURE | ADDRESS | 25a REC'D | BY REGISTRAR 25 | FREGISTRAR'S SIGN | | |
| Î | 1 | Sything Mallers 25 | 74 CARRALL S | TAU-DODATE NI | DV 2 9 '60 | Chillun & | 18ma | |

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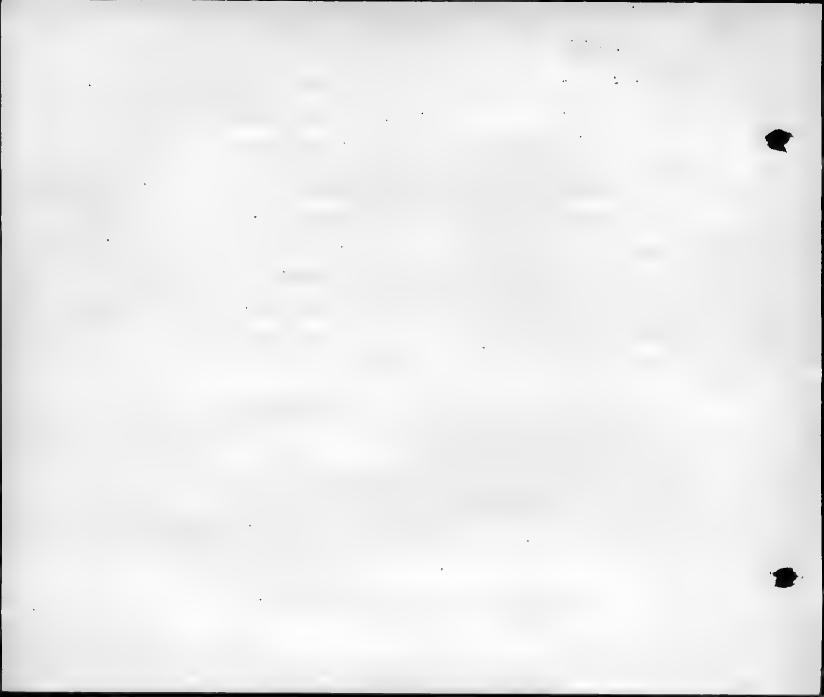
e funeral director,

Then please remove carbon papers. Pages 1 and 2 shauld be filed with

TO HOSPITAL DIRECTOR: ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be reken by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fulled in the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or remayal, only ment, within 72 hours after death.

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| | E. | RURAL and give pearest jown) | C 211 Ok 103114 (ii duiside curpordie iliniis, wille kokkit did g | |
| | | 12 Tico 10 ZILIGI Jakomo Jan | 4) | X 3 |
| - | | NAME OF HOSPITAL/III not to hospital, give street address | d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? |
| hay. | - | 71-71 / / / / / / / / / / / / / / / / / / / | 14611+13SK- | YES NO |
| | 3. 1 | IAME OF 11 First Middle | dost 4. DATE Month | Day Year |
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| | (| Type or printy / 105 xcccy Ada. | DEATH / | () 19 (|
| | 5. 5 | 6. COLOR OR RAGE 7 MARRIED NEVER MARRIED | | TYEAR IF UNDER 24 HRS |
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| | 1 | during most of working life, even if retired) | md - 11 | 111. 20 0 3 |
| | X | austrial ! | 110 | Mercia |
| | 13. | ATHER' NAME | 14 MOTHER'S MAIDEN NAME | |
| | | Henry House | Comma Collins- | |
| | | NAS DECEASED EVERYIN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO 17.1 | INFORMANT Address | |
| | (10) | no. of unknown) (16 per, give wor or dates of service) | Chair | |
| | | | | I INTERVAL BETWEEN |
| | | 18. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c).] PART I, DEATH WAS CAUSED BY | 1 1.0. | ONSET AND DEATH |
| | | IMMEDIATE CAUSE (a) | ia necessary | 12 hour |
| | | DUE TO // | / r | 4 |
| | | Conditions, if any, which) 15 / Kin | Leuren | contecte |
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| | | two cours last | ical conterpostileuses | Clakender |
| | z | (0) | 3 | T I(a) 19 WAS AUTOPSY |
| | ATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU | IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | PERFORMED? |
| | ð | (aremoune of | it bread | YES NO T |
| | 3 E | 200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY/OCCURR OR CONTRIBUTING CAUSE OF DEATH | RED. (Enter nature of injury in Part + or Port II of item 18.) | |
| | CERT | (IF EITHER, NOTIFY MEDICAL EXAMINER) | | |
| | SAL | 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. P | PLACE OF INJURY (Home, form, 20f (City or town) (C | County) (State |
| | MEDICAL | Haur o. m. White Not white for | (actory, street, affice bldg , etc.) | |
| | × | p. m. 19 of work of work | | |
| | | 21 I certify that (I) (this-hospital), attended the deceased fram, | | 2_, that (I) (we) las |
| | | saw the deceased prive an Nov 10 1960, and that | death accurred at 920 M, from the causes and an the | date stated above |
| | | 220 SIGNATURE | | , 226 DATE |
| | | heite was | M D PHYS MED STAFF | //// TIGNET |
| 1 | | 22c. PHYSICIAN'S | 22d ADDRESS | 100 |
| | | NAME (Type) EINO MAGI ILD. | 118 Guil Bled. E. Sien 4. | was rust. |
| - | | | | |
| | 23a | BURIAL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY | OR CREMATORY 23d LOCATION (City, town, or county) | (State) |
| | | burial 11/12/60 Methodist | Churchyard Cem. Potomac. Md. | |
| 1 | 24 | UNERAL DIRECTOR'S SIGNATURE ADDRESS /4 CA | 250 REC'D BY REG STRAR 256 REGISTRAR'S SIC | n 1 d |
| | 11 | Te S. 74 . Henre Co. 2901 1951 | DATE NOV 1 4 '60 (1.76.) | & Thomas |

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TO NON be read to the harshold or attending physician.

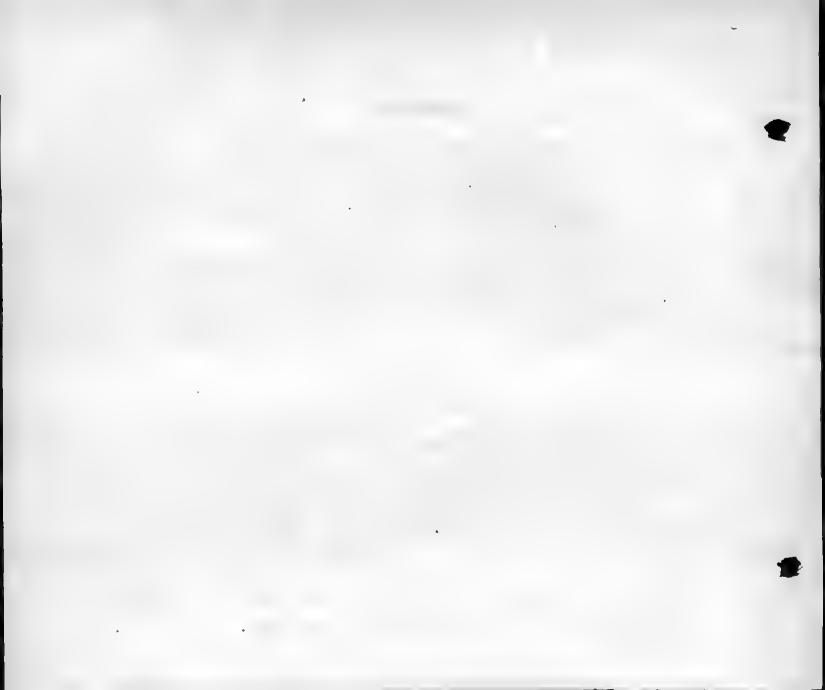
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by

Funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages 1 and 2 should be filed with

the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hears after death. TO HOSPITAL VR A15 (4) ISM 9/59

er death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs



filed, with ş

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Signed

burial-transit

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1. PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased fixed I If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Maryland Montgomery Montgomery b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town)
Chevy Chase Chevy Chase d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 4904 Cumberland Avenue 4904 Cumberland Avenue YES NOTO Middle Year DECEASED TATTANA 17 KUSHNAREFF DEATH (Type or print) 196/ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX B. DATE OF BIRTH last birthday) Manths Davs 2/6/1881 Female White WIDOWED IX DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) STATELESS Housewife Russia

13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Vassilv (Unknown

none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

Unknown

Address

Rea. Dist. No.

INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Phenmonia Brenchiel DUE TO SULarichmond Hemorrhage -Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underseneralized artino Scherosis lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port It of item 18.)

INFORMANT

PERFORMED? YES NO Z

(Stote)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c TIME OF INJURY Month,

Hour a.m.

No

20d INJURY OCCURRED Not while of work at work

20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, affice bldg., etc.)

Katherine Krynitsky-daughter-same 2d

(County)

21. I certify that I attended the deceased from. 7 NOV, 1960, to 9 NOV, 1964that I last saw the deceased

__, and that death accurred at 5 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE PHYSICIAN'S

John G. Ball

Doy, Year

While

220 BURIAL, CREMATION, 226, DATE THEREOF REMOVAL (Specify) Burial

Robert A. Pumphrey

Rock Creek Cemetery

22d. LOCATION (City, town, or county) Washington, D

23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

ADDRESS Bethesda, Maryland

22c. NAME OF CEMETERY OR CREMATORY

24a, REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

3 should abod VS A15 (4) 15M 9/58





25b, REGISTRAR'S SIGNATURE

25a. REC'D BY REGISTRAR

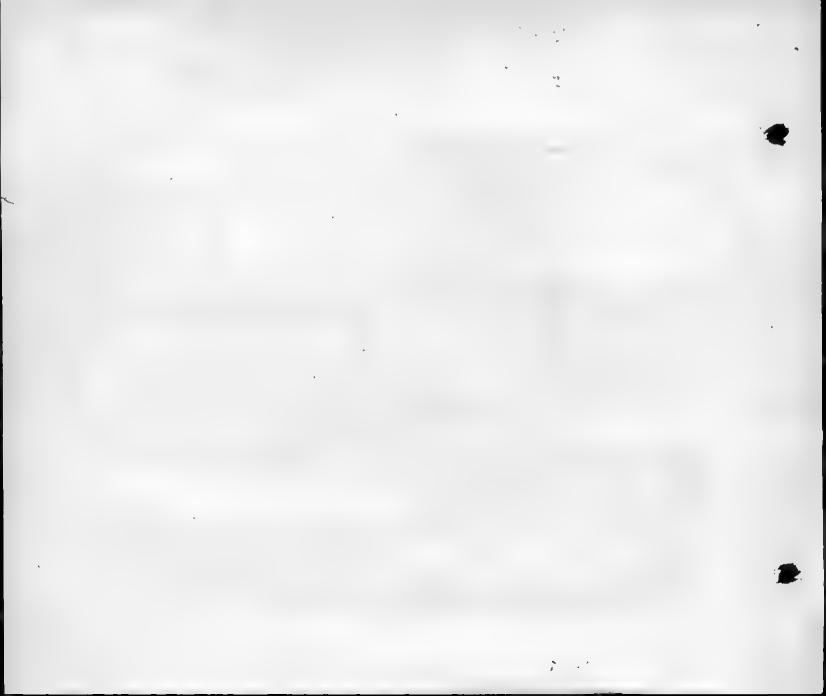
| | | | مسا | 41 | |
|---|--|--|--|--|---|
| Poge 4 | | director. | 4 | P | V |
| 5 TO HOSPITAL / ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Poge 4 | The may be refuglify by the haspital or offending physician. | 55 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the prince of director. | page 3 should be detached for use as the burial-transit permit. Then please remarks carbon papers. Pages 1 and 2 should be Fleatwith (| the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. | |
| TO HOSPITAL (**) | may be retained by | TO FUNERAL DIRECT | page 3 should be d | the State Board of P | |
| VR 15 | A. | 15 9/1 | (4) 59 | | |

| | | ユルロスの | CERTIFICA | IE OF DEATH | | | • |
|----------|---|--|----------------------------|----------------------------------|--|-----------------------------|-------------------|
| 1 P | LACE OF DEATH | TO THEY | MARYLAND | 2. USUAL RESIDENCE (WHO IN STATE | ere deceased lived. If institution b. COUNTY | on: Residence before admiss | sion) |
| b | . CITY OR TOWN (| If outside corporate limits, write | c. LENGTH OF STAY IN 16 | | outside corporate limits, write Ri | | n) |
| | RURAL and give n | ETHESDA | 20 hrs. | R | OCKVIL_L | | |
| d | NAME OF HOSPI | TAL (If not in hospital give stree | | d. STREET ADDRESS | | e IS RES | SIDENCE FARM? |
| | OR INSTITUTION SULLISTEAN | | | 30 t CA. | IVIN LANZ | | NO [2] |
| 3. N | NAME OF | First | Middle | Last | 4. DATE Mon | th Day | Year |
| | DECEASED Type or print) | Emma A | T. | ogan | DEATH NOV. | 7 | 19 60 |
| S. SI | EX | | RRIED T NEVER MARRIED F | B. DATE OF BIRTH | 9 AGE (In years | IF UNDER 1 YEAR IF UND | |
| | Fa ola | Wilhow | | | lost birthdoy) | Months Days Hours | Min. |
| 100 | USUA DECUPATIO | MALTER L | . KIND OF BUSINESS OR INDU | STRY 11 RIRTHPLACE (Stole | 077 | 12. CITIZEN OF WHAT O | COUNTRY |
| | during most of wor | king life, even if retired) | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 2" | FATHER'S NAME | | | 14. MOTHER'S MAIDEN N | To take | <u> </u> | |
| 1 10/2 1 | I AMILE & I MANGE | | | | | | |
| 20 1 | JOHN | LOGAN | PACIAL SECTIONS NO. 117 N | MARGARE | T MEALTY Add: | refé | |
| | | R IN U. S. ARMED FORCES? | S SOCIAL SECURITY NO 17 R | NFORMANI | MOO | . 622 | |
| | 110 | | <u> </u> | NT ECE. (MRS | MARTIN BURKE |) | |
| | | ATH (Enter only one couse per | | | F | INTERVAL BE | |
| | PART I. DEA | ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) | PULMON | BRY E | MB0245 | 36A | House |
| | 443 S DUE TO | | | | | | |
| | Conditions if a | 41 | CHABALC | COR ful | UNDALE_ | 161 | 10 mg |
| | gove rise to immediate cause (o), stoting the under OUE TO | | | | | | |
| | lying cause lost. | | SpeRtensive 1. | Anterio s llena | tic Hemni | DIYBSE 20) | LONA. |
| Z | PART II. OT | HER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE CONDITION GIV | EN IN PART 1(a) 19 WAS | AUTOPSY PRMED? |
| CATION | | Diar | Tra MY15 | tos | | YES [| |
| CERTIF | 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1) of item 18) OR CONTRIBUTING 20b DEATH | | | | | | |
| 8 | (IF EITHER, NOTIFY | MEDICAL EXAMINER | | | | | |
| 3 | 20c TIME OF INJUI | RY Month, Doy, Year 20d | | ACE OF INJURY (Home, farm | | (County) | (State |
| MEDICAL | Hour o.m. | 19 While | e Not while fo | ctory, street, office bldg., etc | .) | | |
| - 1 | p. m. | | | ac11 1 121 | to Klas- | M 1 a | 11. |
| | 21 certify that (1) (this haspital) attended the deceased fram, OFTOWN 30, 1820, ta North 7, 1960, that (1) We last saw the deceased alive on NOV. 6 1960, and that death accurred 860 AM, fram the causes and an the date stated above | | | | | | |
| | saw the decea | sed alive on //OV. | 6 1969 and that | death accurred/9045/_ | AM, fram the causes an | | |
| | 220 SIGNATURE | 1 1/2 | 1. | ATTENDING _ M | ED STAFF | 72 A . | SIGNET |
| | 22 PHYSIC AN'S | M S Kasen | unis or | | RECTOR PHYS | NOV! | 7_196 |
| | MAME (Type) | | () | 22d ADDRESS 3/6 | 10-W8/14/02 | 7,109. | |
| | /- G | ADON S. HOWAL | | ROCKVI | 114 / 190 | orse | |
| 23a | BERIAL, CREMATIC | 1 | 23c NAME OF CEMETERY C | OR CREMATORY | 23d LOCATION (City, town) | or county) (Sto | †a) |
| 70 | transfer to the party | 11/11/10 | Now Cathed | ral | Philidelphi | 'n Ferna ly | zani: |

Avenue rockville

24. FUNERAL DIRECTOR'S SIGNATURE

L' T N "". 20" T FUNERAL HO., 2



12763

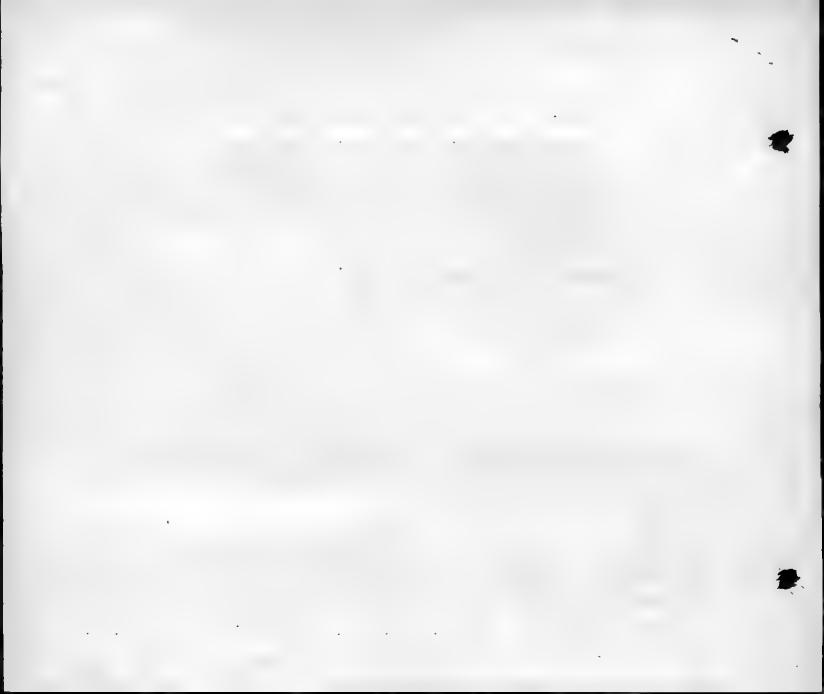
12720

| 1 PLACE OF DEATH a COUNTY METILETI Death A COUNTY METILETI Death A COUNTY Death A COUNTY Death A COUNTY Metile Death A COUNTY Metile Death A COUNTY Month Doy Year Off Death Month Doy Hours Min. 100 USUAL OCCUPATION (Give kind of work done) To during most of working life, even if reliered) Month Doy Month Doy Hours Min. 11. MOTHER'S MAIDEN NAME MARY MAS DECLASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MAS DECLASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Thazel Poth Caughter Address Thazel Poth Caughter Death Mary Month Doy Hours Mary Month Doy Mary Month Doy Divorced Divorced No. 17. INFORMANT Address Thazel Poth Caughter Death Address Thazel Poth Caughter Death Mary Month Doy Divorced Divorce |
|--|
| Description of the district of the property limits, write and give nearest lawn) Description of the property lawn) Country of the property lawn |
| b. CITY OR TOWN (If autiside sprporale limits, write RURAL and give nearest town) Takema Bek. d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH DOY YEAR TO USUAL OCCUPATION (Give kind of work done) 100 USUAL OCCUPATION (Give kind of work done) 101 USUAL OCCUPATION (Give kind of work done) 102 USUAL OCCUPATION (Give kind of work done) 103 LA MOTHER'S MAIDEN NAME 104 LONG 105 WAS PRAM? 106 USUAL OCCUPATION (Give kind of work done) 107 LONG 108 LONG 109 LONG 109 LONG 100 USUAL OCCUPATION (Give kind of work done) 100 USUAL OCCUPATI |
| d NAME OF HOSPITAL (If not in haspital, give street address) of NAME OF HOSPITAL (If not in haspital, give street address) of NAME OF HOSPITAL (If not in haspital, give street address) of NAME OF HOSPITAL (If not in haspital, give street address) of NAME OF DECEASED (Type or print) SAME OF DECEASED (Type or print) SEX OF COLOR OR RACE ARRIED NEVER MARRIED DIVORCED TO STATE Manth PAGE (In years If UNDER 14 ARS) Hours Min. Manth Days Hours Min. Month Days Hours Min. Month Days Hours Min. Month Days Hours Min. TI INTO IS TI WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address THAZE I ROTH (Changh HER) |
| d NAME OF HOSPITAL (If first in haspital, give street address) OR INSTITUTION 3. NAME OF BECEASED (Type or print) 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED |
| TUESHING FOR SANIFARIUM & HOSPITAL 2407 Spencer Road 13. NAME OF DECEASED (Type or print) 15. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS INDUSTRY) 100 USUAL OCCUPATION (Give kind of work dome 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore gn country) 11. FATHER'S NAME 12. CIT ZEN OF WHAT COUNTRY'S MARRIED MARY KIRKHAPM 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER'S MAIDEN NAME 17. INFORMANT 18. MOTHER'S MAIDEN NAME 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS IGST birthday) 100 USUAL OCCUPATION (Give kind of work dome 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore gn country) 12. CIT ZEN OF WHAT COUNTRY'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT 16. MOTHER'S MAIDEN NAME 17. MARY KIRKHAPM 18. Address 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS IGST birthday) 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS IGST birthday) 100 USUAL OCCUPATION (Give kind of work dome 10b KIND OF BUSINESS OR INDUSTRY) 11. MOTHER'S MAIDEN NAME 12. CIT ZEN OF WHAT COUNTRY'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT 16. WORLD ART OF WORLD ART O |
| 3. NAME OF DECEASED (Type or print) 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthday) Months Days Hours Min. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore gn country) 11. FATHER'S NAME 12 CIT ZEN OF WHAT COUNTRYS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT 16 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 17 AGE (In years lost lost birthday) 18 MONTHS Days Hounder 24 HRS 19 AGE (In years lost birthday) 19 AGE (In years lost birthday) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore gn country) 12 CIT ZEN OF WHAT COUNTRYS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY KIRKHAPM 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT 16 COLOR OR RACE 7. MARRIED NAME MONTHS DAYS 17 MOTHER'S MAIDEN NAME MARY KIRKHAPM Address Address 18 MAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address 19 AGE (In years life UNDER 1 YEAR IF UNDER 24 HRS 19 AGE (In years lost birthday) Months Days Hounder All Security No. 12 CIT ZEN OF WHAT COUNTRYS 10 AGE (In years lost birthday) 11 BIRTHPLACE (State or fore gn country) 12 CIT ZEN OF WHAT COUNTRYS 12 CIT ZEN OF WHAT COUNTRYS 13 MOTHER'S MAIDEN NAME MARY KIRKHAPM Address 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address 16 AGE (In years) 17 MOTHER'S MAIDEN NAME MARY KIRKHAPM Address Address ADDRESS AGE (In years) 18 MOTHER'S MAIDEN NAME MARY KIRKHAPM Address Address Address ADDRESS AGE (In years) 19 AGE (In years) 10 AGE (In years) 10 AGE (In years) 11 ADDRESS AGE (IN YEAR) 12 CIT ZEN OF WHAT COUNTRYS 13 AGE (In years) 14 ADDRESS AGE (IN YEAR) 15 AGE (IN YEAR) 16 AGE (IN YEAR) 17 AGE (IN YEAR) 18 AGE (IN YEAR) 18 AGE (IN YEAR) 19 AGE (IN YEAR) 19 AGE (IN YEAR) 19 AGE (IN YEA |
| OF OPERASED (Type or print) FRANKI'N SAMME LONG OF BEATH NOUNDER 5 19 60 S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthdoy) Months Doys Hours Min. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) KELLRED - patent examined Attorney III BIRTHPLACE (State or foreign country) 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT NO. (If yes, give wor or dots of service) 578-34-6268 MRS. Itazel Roth (daughter) |
| S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthday) 8 Ader 19 AGE (In years lost birthday) 9 AGE (In years lost birthday) 8 Ader 19 AGE (In years lost birthday) 9 AGE (In years lost birthday) 9 AGE (In years lost birthday) 8 Ader 19 AGE (In years lost birthday) 9 AGE (In years lost birthday) 9 AGE (In years lost birthday) 8 Ader 19 AGE (In years lost birthday) 9 AGE (In years) 9 AGE (In years) 12 CIT ZEN OF WHAT COUNTRY 12 CIT ZEN OF WHAT COUNTRY 12 CIT ZEN OF WHAT COUNTRY 13 Address lost birthday 14 AMOTHER'S MAIDEN NAME 14 AMOTHER'S MAIDEN NAME 17 AMOTHER'S MAIDEN NAME 18 AGE (In years) 19 AGE (In years) 19 AGE (In years) 19 AGE (In years) 10 AGE (In years) 11 AMOTHER'S MAIDEN NAME 12 CIT ZEN OF WHAT COUNTRY 13 AMOTHER'S MAIDEN NAME 14 AMOTHER'S MAIDEN NAME 16 AGE (In years) 17 AGE (In years) 18 AGE (In |
| Male Caucasian WIDOWED DIVORCED 6-21-76 100 USUAL OCCUPATION (Give kind of work done of the line) 100 USUAL OCCUPATION (Give kind of work done of the line) 100 USUAL OCCUPATION (Give kind of work done of the line) 100 USUAL OCCUPATION (Give kind of work done of the line) 110 USUAL OCCUPATION (Give kind of work done of the line) 111 BIRTHPLACE (State or foreign caunity) 112 CIT ZEN OF WHAT COUNTRYS 113. FATHER'S NAME 114. MOTHER'S MAIDEN NAME 115 WAS DECEASEDEVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. INFORMANT Address Address 118. Was DECEASEDEVER IN U. S. ARMED FORCES? 119. SOCIAL SECURITY NO. 119. INFORMANT Address Ad |
| 100 USUAL OCCUPATION (Give kind of work done diversed) 100 USUAL OCCUPATION (Give kind of work done diversed) 100 USUAL OCCUPATION (Give kind of work done diversed) 110 USUAL OCCUPATION (Give kind of work done diversed) 111 BIRTHPLACE (State or foreign country) 112 CIT ZEN OF WHAT COUNTRYS 113. FATHER'S NAME 114. MOTHER'S MAIDEN NAME 115 WAS DECEASEDEVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. INFORMANT Address 118. WAS DECEASEDEVER IN U. S. ARMED FORCES? 119. SOCIAL SECURITY NO. 119. INFORMANT Address Address 119. CIT ZEN OF WHAT COUNTRYS TO SOCIAL SECURITY NO. 110 MOTHER'S MAIDEN NAME Address Addres |
| Attorney Illinois Cl. 5. 13. FATHER'S NAME TAXOCOMMENT LONG 14. MOTHER'S MAIDEN NAME MARY KIRKHAM 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (17. INFORMANT) (18. MO. or unknown) (19. yes, gives wor or dolless of service) 578-34-6268 MRS. IHazel Roth (daughter) |
| 13. FATHER'S NAME **THER'S NAME **THER'S NAME 14. MOTHER'S MAIDEN NAME **THER'S MAID |
| 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16 Yes, no. or unknown) 17 Yes, no. or unknown) 18 Yes, give wor or dodes of service) 19 Types, give wor or dodes of service) 10 \$78-34-6268 MRS. Hazel Roth (daughter) |
| 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give wor or doles of service) 578-34-6268 MRS. I Hazel Roth (daughter) |
| 10 (f yes, give war or dodes of service) \$78-34-6268 MRS. Hazel Roth (daughter) |
| |
| |
| 1B. CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c)] [INTERVAL BETWEEN ONSET AND DEATH! |
| PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Unline Sevil wester |
| 2 O GA DUE TO |
| Conditions, if any, which) (b) |
| gave rise to immediate cause (a), stating the under- |
| lying cause last. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY |
| PERFORMED? YES NO |
| 20- ACCIDENT WAS UNDERLYING TO 19th DESCRIBE HOW INTURY OCCURRED (C |
| OR CONTRIBUTING CAUSE OF DEATH |
| S 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City or town) (Caunty) (State |
| Haur a. m. While Not while factory, street, affice bldg., etc.) |
| |
| 21. I certify that (1) (this haspital) attended the deceased fram. 1960, to 1960, that (1) (we) lost |
| saw the deceased alive on 11942, and that death accurred at 34M, from the causes and on the date stated above. |
| 220 SIGNATURE ATTENDING MED STAFF 226 DATE |
| M D PHYS I DIRECTOR PHYS III |
| PAR (Type) Do nald Nelson . 12d Address 10620 (searce a liver Sping M. |
| |
| 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) |
| Burial 11/8/60 Wash, Nat. Mem. Park Washington, D. C. |
| |
| Robert A. Pumphrey Bethesda, Maryland 256 REGISTRÁR'S S GNATURE 256 RE |

the attending physician and completely filled in 2.7 he funeral director. Then please remove carban papers. Pages 1 and 2 should be filed with TO HOSPITAL RATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be refugled by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the gage 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, cremation, ar removal, and in any event, within 22-hours after death.

offer death Page 4



| . 7 -81 | - 1 | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | |
|--|------|---------------|--|--|
| 2.5 | | | 12721 Item 22d, Film 9274 177760 iwk CERTIFICATE OF DEATH | 12762 |
| Page I director | 7 | 1, 6 | | TGOMERY |
| e funero | X | | CITY OR TOWN (if outside corporate limits, write RURAL and g RURAL and give neores town). RURAL and give neores town). RURAL (if not in hospitol, give street oddress). NAME OF HOSPIKAL (if not in hospitol, give street oddress). | e, IS RESIDENCE |
| in and 2 sh | | 8 | 14 OR INSTITUTION TOWARD DRIVE 8007-WILDWOOD PRIVE | ON A FARM? YES NO NO |
| thin 24 h | \ | | P LONG DEATH NOV. | Day 1960 1960 1 YEAR IF UNDER 24 HRS |
| uted with | | 100 | JALE WILDOWED DIVORCED JULY 14 1898 GO MONTHS WORLD OF BUSINESS OR INDUSTRY & BIRTHPLACE (Stole or foreign country) 12.CITIZ | Days Hours Min ZEN OF WHAT COUNTRY? |
| be executed and contribution position p | | | CATHER'S NAME ATTER S NAME A | 1 5.A. |
| rificate shysician mave ca haurs at | | 15. | AMES LONG CATIFERINE TILEY WAS DECEASED EVER IN U. S. AMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address Address | , |
| anding p ease rer thin 72 h | | (785) | no of unknown (If yet, give war or dates of service) 505AN KONG-8007-Willoword 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] | DC . |
| the atter Then plants | | : | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO | ONSET AND DEATH |
| uires the gned by permit. in any e | | | Canditions, if any, which gave rise to immediate cause (a), stoling the under. DUE TO Canditions, if any, which gave rise to immediate cause (b). DUE TO Canditions, if any, which gave rise and in the under. DUE TO Canditions, if any, which gave rise and in the under. | 2 (1000 |
| law req ysician, been si I-transi) | | TION | PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART | PERFORMED? |
| AN: The nding plant cate has the burla ar remay | | CERTIFICATION | 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | YES NO |
| PHYSICI, a ar afte his certifi use as H smatian, | 36.7 | | | ounly) (State) |
| NDING e haspite : After II ched far | | | 21. I certify that I attended the deceased from June, 1951, to Nov. 4, 160, that I last alive an Nov. 3, 1960, and that death accurred at 120 AM, from the causes and an the | st saw the deceased |
| ATTEL By the RECTOR be deta rer to be | | | ACTUAL SIGNATURE OW Fruth M.D 13018 C-BORGIA TUE. | DATE SIGNED |
| PITAL REAL DI 3 shauld gistrar pr | | | PHYSICIAN'S A.W. SMITH WHEATON, MD. | |
| may be O FUNE page 3 the reg | | | BURIAL, CREMATION. 22b. DATE THEREOF RENDYA. [Specify] 11-7-60 GATE OF FIEAUEN Wheaton, Marylan AND THE OF THE | |
| VS A15 (4) 15M 9/58 | 10 | 23 | uneral director's signature Handon 3831 La ave NW DATENDY 160 action 2.1 | |



CERTIFICATE OF DEATH

12763

Reg. Dist. No.

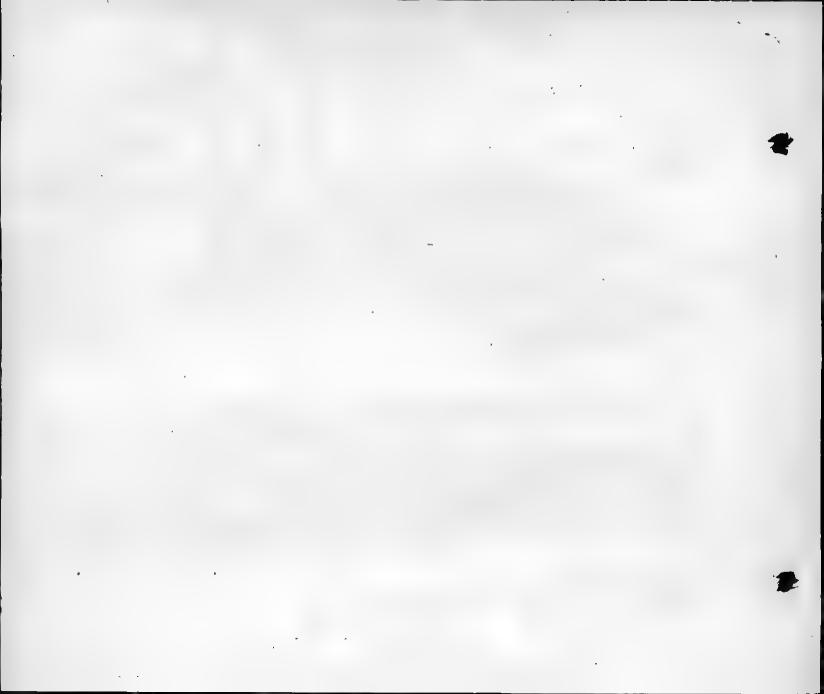
| | 1. PLACE OF DEATH COUNTY Montgomery MARYLAI | | | | | | | 2 USUAL RESIDENCE (Where deceased lived Ill institution Residence before admission) b. COUNTY Marvland Montgomery | | | | | | | |
|---|---|--|--|------------|--------------------|--------------|-------------------|--|--|-----------------------|--|-------------|---------|--------------|----------|
| | ŧ | EURAL and give ne Bethes | and the second s | ts, write | c. LENGTH | I OF STAY IN | 1b | C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | | |
| | , | H NAME OF HOSPIT | AL (If not in hospital, gaple Rids | ive street | oddress) | | | d STREET | ADDRESS | | Ridge | Road | | e IS RESIDER | RM? |
| i | - (| NAME OF DECEASED (Type or print) | Fir | | Emma | Middle H | | Looke | ost | 4 DATE OF DEATH | | mber | 21 | y Year | 4 - |
| | 5. 9 | ex Female | 6. COLOR OR RACE White | 7. MAR | | /ER MARRIED | _ , | DATE OF BIR | | | 9. AGE (In years last birthday) 86 yrs | Months | 2 4 4 | Hours 2 | 4,4 |
| | | . USUAL OCCUPATION during most of work Houseway | land. | | | | | e or foreign co | The state of the s | 12. Cit | USA | F WHAT CO | UNTRY? | | |
| 1 | 13 | FATHER'S NAME | | | | - | | 14. MOTHER | | | | | OLJEI | | |
| J | | John L | . Houcher | l j | | | | An | anda | Richa | ards | | | | |
| | 15. (Yes | No No No No | R IN U. S. ARMED FOR | ervice) | None | URITY NO. | | B. I | ooke | r-husl | oand-sa | ame 2 | d | | |
| | CERTIFICATION | Conditions, if or gove rise to in couse (o), stoling I lying couse lost. PART II. OTH | The under DUE TO (c) LO SELL | DITIONS | GONTRIBUTII CIC | Dia | lei | was | cule | en d | CONDITION G | OVEN IN PAR | ONS | P. WAS AUT | OPSY ED? |
| | MEDICAL CER | (IF EITHER, NOTIFY : 20c. TIME OF INJURY Hour o. m. p. m. | S UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER! Y Month, Day, Yes | While | INJURY OCC | hile | le. PLAC facto | CE OF INJURY ory, street, off | (Home, forrice bldg , etc | m, 20f. (City | or town) | (| County) | | (Slote) |
| 1 | | ACTURE SIGNATURE | enge o | decea | har | | eath (| occurred a | 1. <u>833</u> 1 | ADDRESS (SH | the couses reet, dry or low Ken | and on t | he do | te stated o | |
| | 220 | BURIAL, CREMATION REMOVAL (Specify) Burial | N, 22b. DATE THEREC | | | e of CEMETE | | | em. | | ION (City, town, | | rgi | (Stote) | |
| | 23. | Robert A | S SIGNATURE A. Pumphr | ev | ADDR | | | | 24a. REC | | | ISTRAR'S SI | | ₹E | |

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be ret by the haspital ar attending physician.

D FUNERAL by ICTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remare carbon papers. Pages I and the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs pater death. may be ret TO FUNERAL

he funeral director, should be filed with her death Page 4

VS A15 (4) 15M 10/57



IS RESIDENC

ON A FARM

19

PERFORMED? YES NO

(Store)

(Stote)

YES NO

Days

(County)

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived | Hanstitution: Residence before admission a COUNTY Montgomery MARYLAND b CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) TOURS Takoma Park d NAME OF HOSPITAL (If not in hospital give street address)
OR INSTITUTION d STREET ADDRESS Washington Sanitarium NAME OF 4 DATE Middle Month HARRY LOVELESS R DEATH (Type or print) IF JNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months WIDOWED I DIVORCED [YES JSJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) during pibst of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMAN Address yes 18. CAUSE OF DEATH [Enter only one couse per light for (a), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if any which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. PAIR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 206 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) Š 20c TIME OF INJURY Month. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 206, (City or town) Day, Year toclory, street, office bldg , etc } WED. While ot work of work _ 1966 (that (t) (36) last 21 1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive on and that death accurred a My from the causes and an the date stated above MED M.D. PHYS 72r PHYS CIAN S 22d ADDRESS NAME (Type) Western Ave. Chevy Chase, Md. Richwine H. 23g BUR A. CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION ,C tv. town, or county) Entomonent Cedar Hill Cemetery Prince George Co.. .-7-60

moy be retained by FUNERAL D page 3 sh the State o VR A15 (4) 15M 9/59

director, iled with

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6 COT With U phys

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buriol-transit been

After this

DIRECTOR:

(C)

24 FUNERAL DIRECTOR'S SIGNATURE

cremation,

popers.

offer

ADDRESBethesda, Md. 25g. REC'D BY REGISTRAR

Md. 25b. REGISTRAR'S SIGNATURE

NOV 9 Oil of House

11. 11 in Jola 1200) 75.

PERFORMED? YES NOW

(State)

(State)

| | | | | | | 1 | 2 | (|
|----|----------|-----|----|---------|----------|------|-------|---|
| 1. | PL a. | CO | OF | DE Y | ATA M | or | nt | 8 |
| | ь. | RUR | | gnd | | e na | i aut | |

no

| | ~002 | | | | | | | |
|--|---------------------------|---|--|----------------------------------|------------------------|--------------------------------------|------------------------------|---------------|
| 1. PLACE OF DEATH d. COUNTY MOT | nt gome ry | | MARYLAND | 2. USUAL RESIDENCE (Who a. STATE | ere decease | d lived. If institution b. COUNTY | . Residence befo | re admission) |
| Silver | Spring | | 18 days | c city or town (if o | , | | RAL and give ne | west lown) |
| d. NAME OF HOSPIT. OR INSTITUTION Marile a I | Tile Road | d STREET ADDRESS 2227 Wisconsin Ave., N.W. on a farm? YES NOW! | | | | | | |
| 3. NAME OF DECEASED (Type or print) | Lo1 | , 1 1 se | Middle Mac | eDonald | 4. DATE OF DEATH | Month | , S | Year |
| s. sex female | 6. COLOR OR RACE white | 7. MARR | TO CO TO THE PROPERTY OF THE PARTY OF THE PA | March 17,18 | 386 | 9 AGE (In years | FUNDER 1 YEAR Manths Days | Hours Min |
| 10a. USUAL OCCUPATION during mast of work | ing life even if retired) | ane 10b. | KIND OF BUSINESS OR INDU | STRY 11 BIRTHPLACE (State | | * * | | WHAT COUNTRY? |

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred Edwards Barker IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Wiscomsin Ave., N. W. no Lois Rupert

CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED IN PART 1(6) 19. WAS AUTOPSY

2003. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part I of Item 18.)

20c TIME OF INJURY Month, 20e PLACE OF INJURY (Hame, form, 120f. (City or lawn). Day Year 20d, INJURY OCCURRED (County) factory, street, office bldg. etc }! While Not while at work al wark

21 1 certify that (I) (this haspital) attended the deceased fram.... saw the deceased alive and 1965

and that death accurred at the from the causes and on the date stated above. 22a SIGNATURE 226 DATE SIGNED ATTENDING PHYS MED. M D

22d. ADDRESS

Cemetery

22c PHYSICIANS John S.Rogers 230 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION Prince County Md. Geor

Washing ton D.C.

S.H. Hines

Cedar

25g REC'D BY REGISTRAR DATE NOV 1 4 '60

256 REG STRAR'S SIGNATURE City of & Kraus

campletely filled within 72 haurs after death popers puo physician Ъ þ has been signed as the burial-transit cremation DIRECTOR: After this certificate shauld be detached for use page 3 shauld be detache the State Board of Health

ar attending physician.

fumeral director, uld be filled with

shauld

ofter death. Page

(T)

O FUNERAL VR A1S [4]



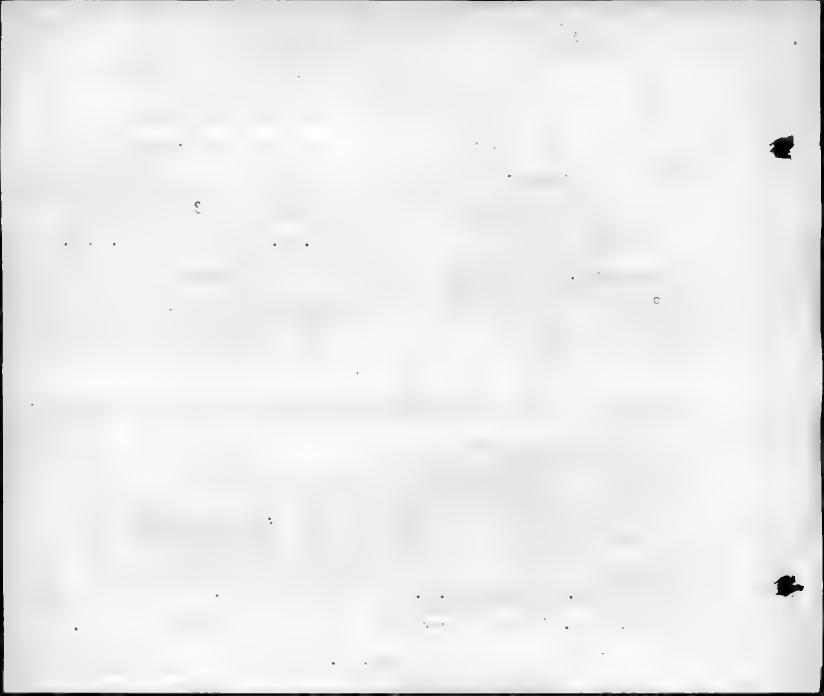
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| | 16060 | OFICIALO | TIE OI D | | | | | | | |
|---|--|----------------------------|------------------------|----------------|-------------------------|--|--------------------------------------|--|--|--|
| 1. PLACE OF DEATH | , | | 2. USUAL RESI | DENCE (Who | ere deceased lived. | If institution, Residen | nce before admission) | | | |
| MONTGO | MERY | MARYLAND | AM | RYLANI | D . | COUNTY MONTO | OMERY | | | |
| b. CITY OR TOWN RURAL and give | N (If outside corporate limits, write enearest town) | C LENGTH OF STAY IN 16 | c. CITY OR | TOWN (If or | | ts, write RURAL and | | | | |
| OLNEY | <u> </u> | 6 HOURS | C GAITHERSBURG | | | | | | | |
| OR INSTITUT O | SPITAL (If not in hospital, give street. IN | address) | d STREET A | DDRESS | | | e IS RESIDENCE ON A FARM? | | | |
| MONTGO | MERY GENERAL HOS | PITAL | 4 | 16 EA: | ST DIAMONI | AVENUE | YES 🔲 NO ሺ | | | |
| 3. NAME OF DECEASED (Type or print) | First MAINHART. | Middle NELLIE | Los | ı | 4. DATE OF DEATH | Manth NOVEMBER | Doy Year 11 19 60 | | | |
| S SEX | | RIED NEVER MARRIED | 8. DATE OF BIRT | н 1887 | | The state of the s | TYEAR IF UNDER 24 HRS | | | |
| FEMALE | WHITE WIDOW | ED DIVORCED | 10/15/ | 1966 | 73 "7 | yrs Months | Days Hours Min. | | | |
| 10a USUAL OCCUPA | TION (Give kind of work done 10b | KIND OF BUSINESS OR IND | USTRY 11. BIRTHPL | ACE (State o | or foreign country) | 12.C/T | IZEN OF WHAT COUNTRY | | | |
| Housew | Tile (life, even if retired) | | W | . VA. | | l | J. S. A. | | | |
| 13. FATHER'S NAME | | | 14. MOTHER'S | MAIDEN N | AME | * | | | | |
| BANDO | LPH J. STUP | | | MAI | RY ELIZAB | ETH FLYNN | | | | |
| IS WAS DECEASED E | EVER IN U. S. ARMED FORCES? 16. | | INFORMANT | | | Address | | | | |
| (Yes, no, or unknown) | fit has first was as pares as secured | none | HOSPITAL | RECO | RDS. OL | NEY, MARYL | AND | | | |
| 18. CAUSE OF E | DEATH [Enter only one couse per li | ne for (a), (b), and (c)] | | 1 | | | INTERVAL BETWEEN | | | |
| PART I. C | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | COMBDAI | _ // | am to | nAH 199 | 75 | ONSET AND DEATH | | | |
| 531 | DUE TO | <u></u> | 1 | | 0 | | 7.70.50 | | | |
| Condit ons, if | fany, which) (b) | 1771120 SP. | ICAIST | 1 | | | 16 Yerm | | | |
| gave rise to cause (a), statis | immediate (| 7 | No. | | | | 7 | | | |
| lying cause la | | RYCLIAL | HIPE | RTC | 15/112- | | 20 Venz 5 | | | |
| PART II | OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BU | T NOT RELATED TO | THETERMI | NAL DISEASE COND | ITION GIVEN IN PAR | RT 1(a) 19 WAS AUTOPSY PERFORMED? | | | |
| Z PART II (| 50 LANCER | Serito | 74 | | | | YES NO NO | | | |
| 20a. ACCIDENT OR CONTRIBUTION | WAS UNDERLYING 20b DES NG CAUSE OF DEATH JPY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCUR | RED. (Enter nature a | if snjury sn P | ort I or Part 11 of its | em 18) | | | | |
| \$ 20c. TIME OF IN | JURY Manth Doy Year 20d I | NJURY OCCURRED 20e I | PLACE OF INJURY (| Home farm, | 20f (City or town | 1) (1 | County) (State) | | | |
| ⊖ Hour o.r | 10 | | actary, street, affici | eblolg, etc | } | | | | | |
| | <u> </u> | | 770 | 1 1 10 | 66. 611 | 7 - NU 10 1 | 20 d + 0 + 6 + | | | |
| | that (1) (this hospital) attend | and the second second | | 7 11 1000 | | | 50, that (I) (We) las | | | |
| 220. SIGNATURE | eased alive on 1909 11 | 19 4(), and that | death accurret | d ov. | M, from the co | suses and an the | e date stated above 22b, DATE | | | |
| 1 | 5 b. ODan | lun Or | M D PHYS | G ME | D. STAF | F | SIGNE | | | |
| 22c PHYSICIAN | s Clara & mess | may at | 224 ADDR | | RECTOR PHYS | <u> </u> | 1001 11,196 | | | |
| NAME (Type | RDON S. ROSENBERG | ER. M. D. | | | LE. MD. | | / | | | |
| | | | | | | | | | | |
| 23a BURIAL CREMA' REMAYAL (Sp. | TON 236 DATE THEREOF Nov. 14 1960 | Forest Oal | | | Gaithe: | rsburg | md. (Stote, | | | |
| 24 FUNERAL DIRECTO | OR'S SIGNATURE | ADDRESS | | 250. REC'D | BY REGISTRAR | 25b REGISTRAR'S SI | GNATURE | | | |
| Francis | - IL. Barber | Laytonsvil | le, Md. | DATE | | | | | | |
| 4 | | | | NOV | 1 5 '60 | CI ECCLUTE # 1 | CLAURE | | | |

offer deoth. Page 4. TO HOSPIT. OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has priced death. Page 4 may be and by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled it with the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremation, ar removal, and in any event, within 72 hour pages.

VR A15 (4) 1SM 9/S9



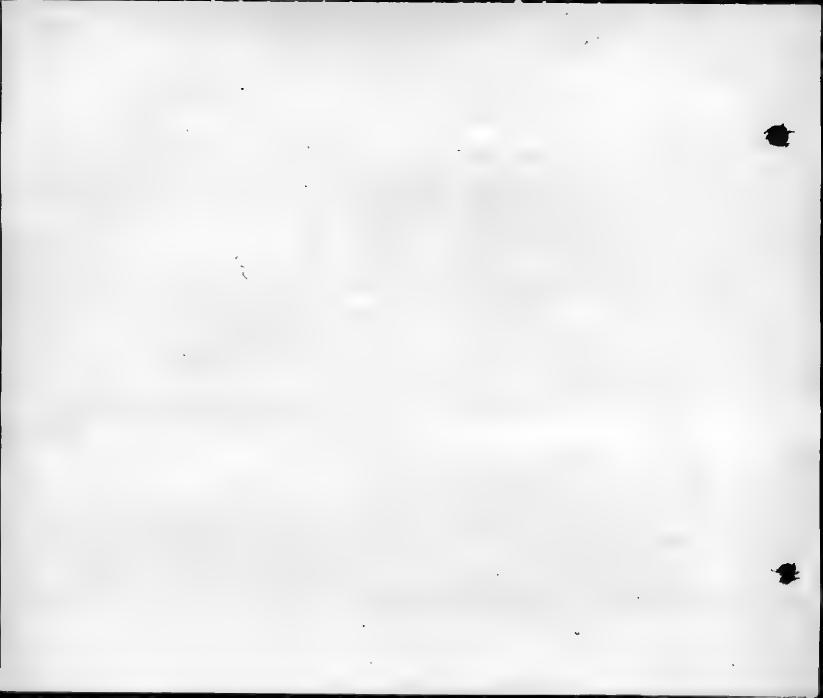
MARYLAND STATE DEPARTMENT OF HEALTH 12826 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF THE CONTROL O

12767

| | | CERTIFICA | IE OF DEATH |
|-----|---------|---|--|
| | | LACE OF DEATH COUNTY MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY |
| 7 | | 111011190m cry | |
| | ξ | o CITY OR TOWN (If outside corporate limits/write RURAL and give nearest fown) ALD Y 4 | c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| .23 | (| A. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION | d. STREET ADDRESS 6 IS RESIDENCE ON A FARM? YES IN NO I |
| 0 | 3 1 | NAME OF First Middle | III VIII VIII VIII VIII VIII VIII VIII |
| | | NAME OF DECEASED Type or print) Philip G Middle | Pandell DEATH YOU 27 1960 |
| | S. S | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9 AGE (In yeors IFUNDER 1 YEAR IF JNDER 24 HRS Ost birthdoy) Months Doys Hours Min |
| | | male Jeils MIDOWED DIVORCED | HPN 101002 18 yrs |
| | 10a | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired) | ISTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? |
| | 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME 77 |
| | 6 | moses Mandell | Bella Spigel |
| | | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [17 II] | NFORMANT Agdress Manfell. |
| | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] | INTERVAL BETWEEN |
| | | PART I. DEATH WAS CAUSED BY. CURCULUS TO | hen ben's - Information ONSET AND DEATH |
| | | Conditions, if any, which) the Level of | Cealertes millety 2MO |
| | | gove rise to immediate couse (a), stating the under. lying cause lost (c) B P H | 24,3 |
| | CATION | PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | T NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| }- | CERTIF | 200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING ALSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ED (Enter nature of injury in Part I ar Part II of item 18.) |
| | MEDICAL | 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED to the factor of the policy of work and the policy of the | ACE OF INJURY (Hame, form 20f (City or town) (County) (State) |
| | | 21 1 certify that (I) (this haspital) attended the deceased fram. | |
| | | | death accurred at <u>G.P.M.</u> , from the causes and an the date stated above |
| | | July Berly Zugler | ATTENDING MED STAFF NOV. 21.196. |
| 1 | | TOHN BOSKE DIECLER | OLNEY MD |
| - | 23o | REMOVAL (Specify) NOV 29,1960 KING DAVID | MEM. Garden Falls Church, 1/2. |
| | 24 | FUNERAL DIRECTOR'S SIGNATURE . ADDRESS | 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE |
| | | B. DANZANSKY95095 WASH. D.C. | DATENOV 3 0 '60 Continue & the wa |

may be reto in the haspital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs offer Teath er death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL OF VR ATS (4) 1SM 9/59



| • | | | |
|-------------------|--------------|---|---|
| funeral director, | ed at | M |) |
| 0 | ij. | | |
| ero | d be fil | | |
| 5 | \mathbb{P} | | |

Then please remove carbon pagers. Pages 1 and 2 sha, and in any event, within 72 than 5 after death

ofter death. Page 4

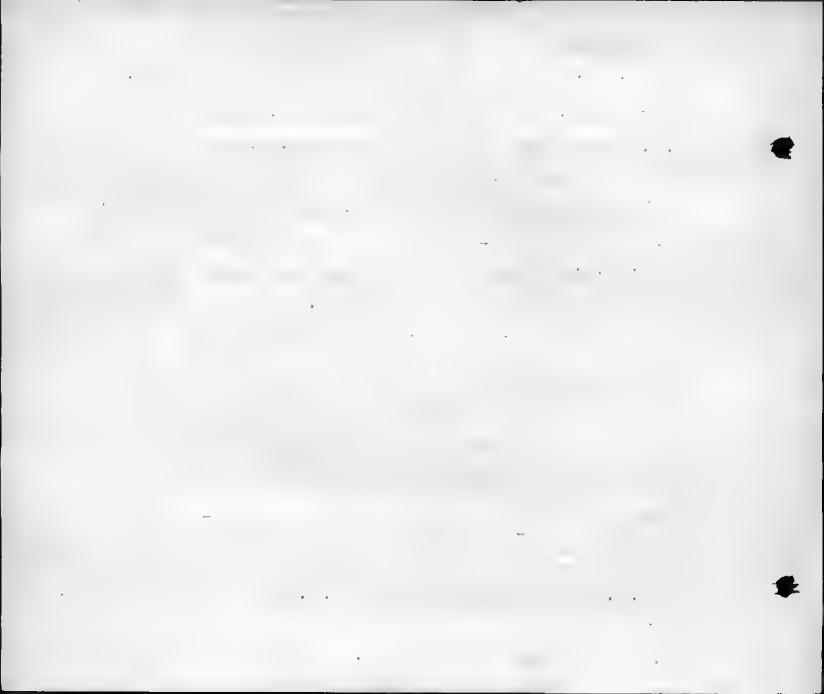
TO HOSPIT TR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have may be and by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the ottending physician padd.campletely filled triving a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and the State Board of Health prior to burial, cremation, or removal, and in any event, within 79-buris after death

el.

VR A15 (4) ISM 9/59

| | CE OF DEATH OUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY | | | | | | | |
|----------------|--|----------------------------|---|-----------------------------------|---------------------------------|--|--|--|--|--|
| | Montgomery | MARYLAND | Maryland Montgomery | | | | | | | |
| | ITY OR TOWN (if outside corporate limits, write URAL and give nearest town) | E LENGTH OF STAY IN 16 | c CITY OR TOWN (If o | utside corporate limits, write RU | JRAL and give nearest town) | | | | | |
| _ | thesda (Rural) | 4 Days | Bethesda. | Maryland | | | | | | |
| d N | IAME OF HOSPITAL (If not in hospital, give street in INSTITUTION | address) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? | | | | | |
| | S. Naval Hospital | | 6305 Stone | ham Road | YES NO X | | | | | |
| 3. NAA | | Middle | Lost | 4. DATE Mont | th Day Year | | | | | |
| | | er Manganaro | | DEATH Novemb | per 12 19 60 | | | | | |
| S. SEX | 6. COLOR OR RACE 7 MARE | RIED NEVER MARRIED | B DATE OF BIRTH | 9. AGE (n years lost birthdoy) | IF UNDER 1 YEAR IF UNDER 24 HRS | | | | | |
| | Male Caucasian WIDOW | ED DIVORCED | 5-14-54 | 6 yrs | Months Days Hours Min. | | | | | |
| 10a US | UAL OCCUPATION (Give kind of work done 10b. ring most of working life, even if retired) | | STRY 11 BIRTHPLACE (Stole | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? | | | | | |
| | and the second relations of th | | Massa | chusetts | IISA | | | | | |
| 13. FAT | HER'S NAME | | 14. MOTHER'S MAIDEN N | AME | | | | | | |
| F | rancis Ferdinand Mangar | naro | Carol Anne | Slater | | | | | | |
| | | SOCIAL SECURITY NO. 17. II | NFORMANT | | "Stoneham Road | | | | | |
| | or unknown, (If yes, give war or dates of service) | None F | rancis F. Mang | 4 4 | mesda. Maryland | | | | | |
| 18. | CAUSE OF DEATH [Enter only one couse per lin | ne for (a) (b) and (c). | | | INTERVAL BETWEEN | | | | | |
| | PART I. DEATH WAS CAUSED BY WAS | omotor & respi | ratory collap | ве | ONSET AND DEATH | | | | | |
| | CAUSE (6) | | <u>v</u> | | | | | | | |
| | Inf | iltrative brai | n tumor | | | | | | | |
| 9 | ove rise to immediate (| | | | | | | | | |
| | ing couse lost. | | | | | | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS (| CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE CONDITION GIVE | EN IN PART I(o) 19 WAS AUTOPSY | | | | | |
| ATI | | | | | PERFORMED? | | | | | |
| CERTIFICATION | ACCIDENT WAS UNDERLYING 206. DES | CRIBE HOW INJURY OCCURRE | D (Enter noture of injury in ! | Port I or Port II of item 18) | | | | | | |
| | CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | | | | |
| ₹ 20€ | . TIME OF INJURY Month, Day, Year 20d II | | ACE OF INJURY (Home form | | (County) (State) | | | | | |
| WEDICAL 200 | Hour o. m. While of wor | tan willie | ctory, street, office bldg , etc | -) | | | | | | |
| | Fr | <u> </u> | 77 0 14 | 40 . 17 72 | 2060 4 35 | | | | | |
| 21 | I certify that () (this haspital) attend | led the deceased fram. | | _OU, toLLLA | , 1960 , that (# (we) fast | | | | | |
| 220 | w the deceased alive an11-12 | IY,QQ , and that (| death accurred at 24 | MAXItram the causes and | d an the date stated above | | | | | |
| | 16 . / 4 . | ell 14 | ATTENDING MI | ED STAFF RECTOR PHYS TO | SIGNED. | | | | | |
| 220 | PHYSICIAN'S | | M D PHYS DI | RECTOR PHYS | 11-12-60 | | | | | |
| | NAME (Type) C. W. BRAMLETT. LT N | AC USN | | val Hospital, E | Bethesda. Md. | | | | | |
| 220 81 | IR A. CREMATION. 236 DATE THEREOF | 23c. NAME OF CEMETERY O | | | | | | | | |
| | MOVA (Specify) 11-15-60 | Arlington | | 23d. LOCATION (City fown, o | Virginia | | | | | |
| | JERM DIREGOR'S S GNATURE | ADDRESS | | 0 | STRAR'S SIGNATURE | | | | | |
| R | A. Pumphrey Funeral Hor | me, Bethesda, | 102.42 | | Lun S. Frank | | | | | |
| | A. Aumpin of Parotest no. | 201100000 | DATE (// | | | | | | | |
| X | (| | | | | | | | | |



MORYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss on a. COUNTY MARYLAND C LENGTH OF STAY IN Th c. CITY OR TOWN (If ourside corporate limits, write RURAL and give hearest town) OF HOSPITAL OR INSTITUTION (I ngt/in haspital, give street address) Month DECEASED (Type or print) DEATH 5. SEX 9. AGE (n years 4 COLOR OR RACE JE UNDER TYFAR Months WIDOWED | DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during mast of working life, even if retired) 13. FATHER S NAME ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address Velma L. Marden same as 18/CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: DUE TO Canditions, if any, which gove rise to immediate couse DUE TO (a) stating the underlying couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 of Fort 11 of Item 18) 20c. TIME OF INJURY 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or fown) factory, street, office bldg., etc.) Not while at work of work 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection N. Inquiry 1 opinion death resulted from: Natural couses 🔼 Accident 🔲 Suicide . Homicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER

VS. A15ME

NAME (Type)

23. FUNERAL DIRECTOR'S SIGNATURE

22d. LOCATION (City, town, or county) Ft.

DEPUTY MEDICAL EXAMINER SE

Rea, Dist. No.

IS RESIDE FOR ON A F RW? YES NO 🔀

Year

12. CITIZEN OF WHAT COUNTRY?

INTERVAL MEDICING ONSE! AND DEATH

> PERFORMED? NO D

> > (Stota)

and in my

DATE SIGNED

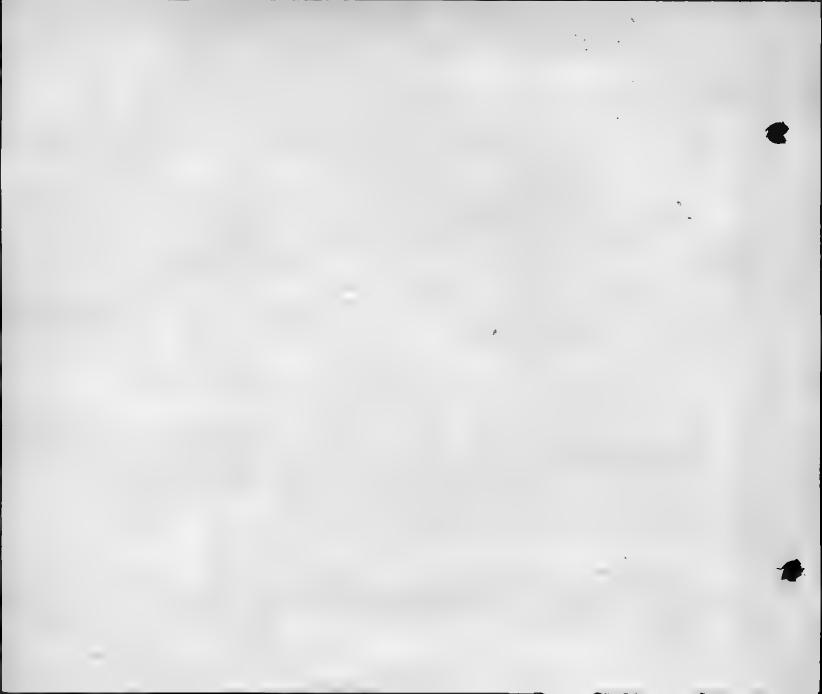
National Cem. **ADDRESS** 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Myer.



STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decassed lived, If Institution; Residence before admission) . COUNTY b. COUNTY MARYLAND b, CITY OR TOWN (f outside corporete limits, e. CITY OR TOWN (If outside corporate I miltan c. LENGTH OF STAY IN 16 Write RURAL and give nearest town) wr le RURAL end give nearest lown) MA NAME OF HOSP TAL OR INSTITUTION (I not in hospita e. IS RESIDENCE ON A FARM? retained he State I YES NO 7 NAME OF DECEASED and 3 to the OF the (Typa or print) DEATH ¥;¥ 6 COLOR OR 8. DATE OF BIRTH IF UNDER 24 HRS AGE (In yeers) IF UNDER 1 YEAR may 2 NEVER MARRIED iget birthday). Months Hours WIDOWED 17 I in from 18. Give Pages 1, 2, ong with form PM3. Page 5 nsit permit. File addes and d in any event within 7°P h 10a USUAL OCCUPATION (G ve kind of work 106. KIND OF BUSINESS OR INDUSTRY done during most of working the even if retired) 12. C.TIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown), (If yes give we ror detas of service) a along with the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office **DUE TO** removal, burial Conditions, if eny, which (61 gave risa to immediate cause "pending" M 40 DUE TO 50 (a), stating the underlying Medical Examiner 5 cremation, or cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTR. BUT. NO TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1(0, 19, WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be YES No 🔽 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) lage 3 short to burial, PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) While Not While factory, streat, office bldg., etc.) Hour a.m. et work al work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 11-2460 DEPUTY MEDICAL EXAMINER DEPUTY NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. LOCATION (City, lown, or country) (State) REMOVAL (Spacify) <u>⊊</u>40 24a. REC'D BY 248. REGISTRAR SIGNATURE NOV 2 3 A15ME 1. Turne 5M 7/59 DATE



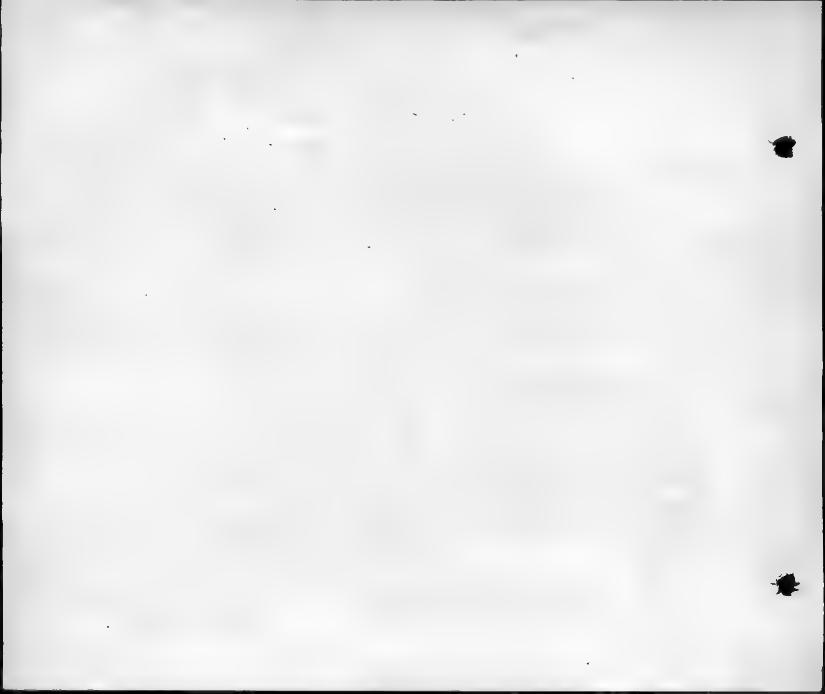
| \ D | HAPP OF BEATH |
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| | COUNTY 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY |
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| Ь | CITY OR TOWN (If outside corporate limits, write CLENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| | Trettiesda 3days. Hashington |
| d | d. NAME OF HOSPITAL (If not in hospitol, give street address) or INSTITUTION or INSTITUTION or INSTITUTION |
| _ | Juburh Zu 226-Dlicksonist, JIJ, YES NO |
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| 5, SI | EX 16. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR) IF UNDER 24 HI |
| 6 | enna Le 18 for the WIDOWED DIVORCED 3/22/24 36 yrs Months Days Hours Min |
| Qa. | JSUAL OCCUPATION (Give kind at work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY of WHAT COUNTRY 11. BIRTHPLACE (State ar foreign country) |
| 1 | Lest-Tillest, Mr. J. His Ferce. Georgia. U. J. A. |
| 3. F | FATHER'S NAME / 14. MOTHER'S MAIDEN NAME |
| / | Lawren His The The Therick Then II Toursday |
| 15. \ | WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT |
| {Yes | no or unknown, (If yet, give war or dates of service) |
| | no denell ///11/13/ Washingtonthe |
| 1 | 18. CAUSE OF DEATH [Enter only one coust oper line for (a), (b), and (c).] |
| -1 | PART I. DEATH WAS CAUSE OF A DONALOUS DUTOR OCH MPI & VULLORDMAG & THE TIME |
| -1 | 3 3 CX DUE TO |
| - 1 | Conditions, if any, which |
| - | gove rise to immediate DUE TO |
| | tying couse lost. |
| χŀ | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS |
| CATION | PERFORMED? |
| u. | YES NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Lar Port II of item 18.) |
| <u> </u> | 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) |
| MEDICA | 20c. TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (Sta |
| 2 | Hour o. m. While Not while toctory, street, office bldg , etc.) P. m. 19 at wark of work |
| ı | 21. I certify that (I) (this haspital) attended the deceased fram. 1200 to 19.00 that (I) (we) .c |
| - | say the deceased alive an 11 19 17, and that death occurred at 100M, from the causes and on the date stated above |
| ŀ | 226 DAYE |
| - | MED PHYS. DIRECTOR DIRECTOR PHYS |
| ı | 22c PHASICIAN 22d. ADDRESS A |
| | MATTINGSELFIDE PRANTIR 4740 Cheun ChaseDR. Chevy Chase N |
| | BURIAL CREMATION 236, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d QCATION (City, town, or county) |
| | BUNYTATE 11-7-60 Fort Lincoln Bladensburg, Md. |
| 4, F | FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE |
| ا | Ese Funoral Home 300-11 this 1.) IE DATEMON O 100 |
| -2 | Lee Funeral Home 300-4 thist, 1/E DATE WOV 9 160 |

fled with ofter death Page 4 the funeral directar

and 2 should be TO HOSPITATER ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hamay be roughly the hospital or ottending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Poges 1 one the State Board of Health priar to burial, crematian, ar removal, and in any event, within-72 shours after death.

VR A15 (4) 15M 9/59



CERTIFICATE OF DEATH

12772

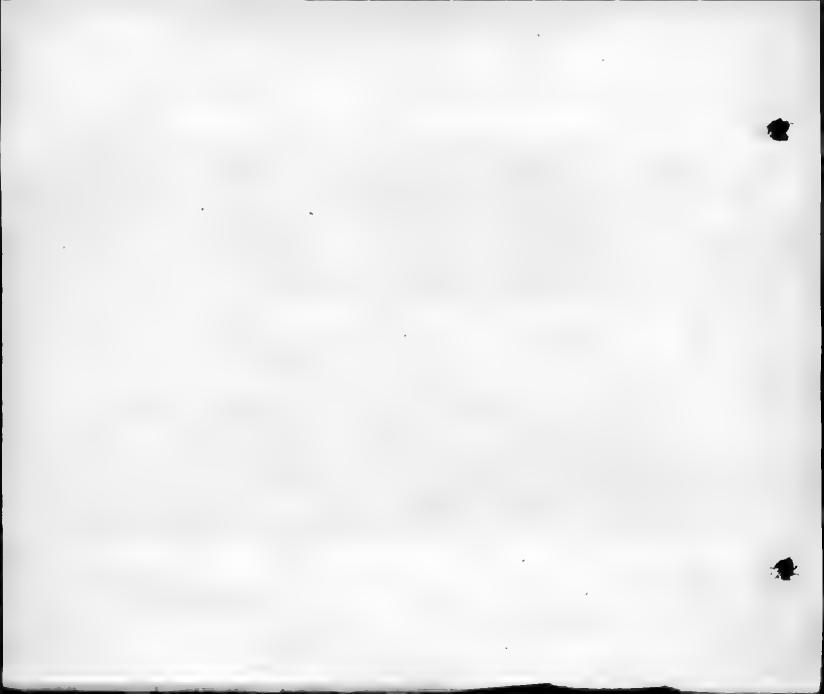
| 1 | | EKTIFICA | AIE OF DEATH | Reg. Dist. No. |
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| M | | LACE OF DEATH COUNTY MARYLAND | 2 USUAL RESIDENCE (Where deceased lived, If o. STATE M. b. C | OUNTY 7, - |
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| | | There Chase | 51 Chevy Cha | re |
| 3 | | I. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3805 Woodbine Street | d. STREET ADDRESS | o. IS RESIDENCE ON A FARM? |
| | 3. | IAME OF // First / Middles | Losi 4. DATE | Month Day Year |
| | | Type or print) Louis Kenneth | MC Dorenew DEATH Th | overter 24 1960 |
| | S. 5 | Wall Wille WIDOWED DIVORCED | 8. DATE OF BIRTH 9 AGE (1) low bir | hyears IF UNDER 1 YEAR IF UNDER 24 HRS Ihday) Months Doys Hours Min |
| | 100 | USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU | | 12 CITIZEN OF WHAT COUNTRY |
| | 12 | athers name | LOTEL SOLL COLLECT | ind usa, |
| | 10. | J. E. Kunith Mc Dorman | 1/ | warty |
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| | | 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | 10 ge 3800 W | INTERVAL BETWEEN |
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| | | gave rise to immediate couse (a), stoting the under | 1 0 | 1000 |
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| | MEDICAL | 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl How a.m. 19 of work of work of work | LACE OF INJURY (Home, form, 20f. (City or town) octory, street, office bldg., etc.) | (County) (State) |
| | | 21. I certify that I attended the deceased fram. | | 1960 that I last saw the deceased |
| | | alive an Country, 1900, and that death | h accurred at <u>folco/</u> M, from the ca ADDRESS (Street, city o | |
| | | SIGNATURE Modert attare | no 809 Davin C | we Takona PAN |
| | | PHYSICIAN'S ROBERT A. HARE | 809 Davis Ave. Tk | . Pk. Md. 11/24/6 |
| | 220 | BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY C | | 11 2 2 |
| | | runeral Director's SIGNATURE ADDRESS | | News, Virginia REGISTRAR'S SIGNATURE |
| | | bert A. Pumphrey Bethesda, | ryland DATE WOV 28'60 | Orthur & Know |
| | | | | |

TO HOSPITAL OF TITENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital at attending physician. VS A1S (4) 15M 10/S7



MARYLAND STATE DEPARTMENT OF HEALTH 12 ONUSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

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| (iv) | | . COUNTY | TCOMERY | | MARYLAND | a. STATE | | i lived If instituti b. COUNTY | 1.4 | | 145-01) |
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| | | RURAL and give no | arest town) | s, write c. LE | | CHY OR TOWN (IF 6 | unide corpoi | rote limits, write R | JRAL and gr | ive nearest to | own) |
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| 11 | | NAME OF HOSPIT | AL (If not in hospital, gi | ve street addres | s) | d STREET ADDRESS | | | | e IS F | RESIDENCE |
| U / O | | | ONTGOMERY (| GENERAL | HOSPITAL | 16226 COLESVI | LIE R | nan Boy | 134 | | □ NO □ |
| (U. | 3. | NAME OF | Fire | 9 | Middle | | | | | D | Year |
| | | DECEASEO | _ | | JAMES | MCKINNEY | OF DEATH | | | o Ooy | 19 60 |
| | S. 3 | EX | 6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED | B. DATE OF BIRTH | | 9 AGE (In years | | | |
| | | MALE | _ | | DIVORCED [| JUNE 6. 188 | 1 | 79 yrs | Months | Days Hou | rs Min. |
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| | | | , | | | TENNESEE | | | | . S. A | |
| | 13. | FATHER'S NAME | | , | | 14. MOTHER'S MAIDEN N | AME | *** | | - × - × - × - × - × - × - × - × - × - × | |
| | | | JAMES MCKIN | INEY | | HATTIE ATL | INS | | | | |
| | | | | | L SECURITY NO. 17. | | | Add | ress | | |
| | | | | | | HOSPITAL RECO | RDS, | OLNEY, A | ARYLA | ND | |
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| | | ZZE PHYS CIAN'S NAME (Type) | C II 1 | | | | | 4.5 | | | |
| | | | C. H. LIGO |) N , N . L | <u> </u> | SANDY | SPRI | NG, MARY | L_UND | | |
| | 230 | | | 1 - 3 | | OR CREMATORY | 23d LOCAT | FION (City town | or county) | (5 | itot 97) |
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| 4 | 21 | FUNERAL DIRECTOR | SAGNATURE | 11. | ADDRESS 20 | 9 I nw 250 REC'I | BY REGIST | RAR 2Sb REGI | STRAR'S SIG | NATURE | |
| | 4 | papiers. | Tuneral | Home | , one of | 9 and DATE A | IOV 7 | '60 | July 8 | . through | |
| | | 0 | · - . <u>-</u> | | 7 | - | | | | | |
| | | 13. IS: 220 NMEDICAL CERTIFICATION 1230 | b C TY OR TOWN (III RURAL and give ne O L N d NAME OF HOSPITION M 3. NAME OF DECEASED (Type or print) S. SEX MA L E 10g USUA. OCCUPATION during most of work 13. FATHER'S NAME 15. WAS DECEASED EVER (Yes, ne. or unknown) 18. CAUSE OF DEA PART I. DEA' Conditions, if or gove rise to in cause (o), stating a lying couse lost. NOILE 20g ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20g. TIME OF INJURY Hour o. m p. m. 21 i certify that saw the decease 22a. SIGNATURE 22c. PHYS CIAN'S NAME (Type) 23a SURAL CREMATION REMOVAL (Specify) | DECEASED TO USUA. OCCUPATION (Give kind of work d during most of working life, even if retired) TO AME OF DECEASED TO USUA. OCCUPATION (Give kind of work d during most of working life, even if retired) TO AME OF DECEASED EVER IN U. S. ARMED FOR (If yes, even of unknown) TO AME OF DECEASED EVER IN U. S. 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IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate (b) GOR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBED (If EITHER, NOTHER) MEDICAL EXAMINER; 20a ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTHER MEDICAL EXAMINER) 20a ACCIDENT WAS UNDERLYING ON CONTRIBUTION OF CAUSE OF DEATH (If EITHER, NOTHER MEDICAL EXAMINER) 20a ACCIDENT WAS UNDERLYING ON CONTRIBUTION OF CAUSE OF DEATH (If EITHER, NOTHER MEDICAL EXAMINER) 20a ACCIDENT WAS UNDERLYING ON | a. COUNTY MONTGOMERY b. CTY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) OLNEY d. NAME OF HOSPITAL (if not in hospital, give street address) OR NSTITUTION MONTGOMERY GENERAL HOSPITAL MINDOWERY GENERAL HOSPITAL JAMES S. SEX A. COLOR OR RACE MILE COLOR OR RACE TO ARRIED NEVER MARRIED INVOCED ID USUA. OCCUPATION (Give kind of work dane during most of working life, even if refired) 13. FATHER'S NAME JAMES MCKINNEY 15. WAS DECEASEDEVER IN U. 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CERTIFICATE OF DEATH

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e funeral director, Then please remaye carbon papers. Pages I and 2 shauld be filed with TO HOSPITA ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hou may be rek.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death.

ATTINDING FIRSTCIAN: The law requires that the death certificate be executed with 24 hours after death. Page 4

VR A1S (4) 15M 9/59

| \ | | PLACE OF DEATH COUNTY MONT GOMPRY | MARYLAND | 2 USUAL RESIDEN | 1 | b, COUNTY | | e admission) |
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| } | Ŀ | | c LENGTH OF STAY IN 16 | c. CITY OR TOW | N (If autside carpor | | RAL and give hea | rest town) |
| | - | Takoma Park | D.O.A. | Silver | Spei | NG | ~ / | |
| | | d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION | ddress) | d. STREET ADDR | | | | on a FARM? |
| | _ | Vashington Santanum | ad HospiTal | 1427 | Highla | Nd D | R. | YES NO |
| ě | | NAME OF PERSON Type or print) Robert | Purdy | Mc Leoch | 4. DATE OF DEATH | Manti | n Day | |
| | 5 5 | Male 6. COLOR OR RACE 7. MARRI Male White WIDOWE | | B. DATE OF BIRTH | 1888 | asl b rthday) | Months Days | Haurs Min |
| | 10n | TO THE WIDOWE | 0 | STRY 11 MIRTHRIACE | (Stote or foreign co | (apply) | J2 C TIZEN OF | WHAT COUNTRY? |
| | | USUAL OCCUPATION (Give kind of work done 10b k during most of working life, even if retired) Superintendent Bldg 17.6 | | Sou | . 0 0 | oline | Am | |
| | | FATHER'S NAME | 7 25. 217 | 14 MOTHER'S MA | IDEN NAME | | | |
| | Ž | THATTON Mc LEOC | | Susar | 1 Gail | ard | | |
| | 15. ¹ [Yes | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. mp. or unknown) [(If yes, give war or dates of service) | SOCIAL SECURITY NO. 17 IF | IFORMANT | 11 1 | Addre | 255 | 0 - |
| | | YES WINT 21 | 17-31-1799 W | te- 147 | 7 4194 | and a | Drive . | 5 Sps |
| | | IB CAUSE OF DEATH [Enter only one couse per line | | A) | . (1) | , | NTE ONS | RVAL BETWEEN |
| 4 | | PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) | , whalig (| YCC/45 | 104 (TI | youkno | 15 | Loue |
| | | The Due to | / | , | | | / / | |
| | | Conditions, if any, which (b) | · · | | | | | |
| | | gove rise to immed one DUE TO | | | | | | |
| | | lying cause last. (c) | | | | | | |
| | S S | PART II. OTHER SIGNIFICANT CONDITIONS CO | ONTRIBLTING TO DEATH BUT | NOT RELATED TO THE | ETERMINAL D SEASE | CONDITION GIVE | N IN PART I(a) I | P WAS ALTOPSY PERFORMED? |
| | Z. | Myocardial | 14 Furctia | ~ J'e 1 | 0,045 | | | YES NO |
| | CERTIFICATION | OR CONTRIBUTING THE CAUSE OF DEATH | RIBE HOW INJURY OCCURRE | D (Enter nature of inj | ury in Part I or Part | If of item 18.) | | |
| | | (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | |
| | MED CAL | 20c. TME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While at work | Not while for | ACE OF INJURY (Hom ctory, street, office bld | | or lown) | (Caunty) | (Stote |
| | | 21.1 certify that (I) (this haspital) attended | ed the deceased from | _ | . 19. 6 to_ | L. p. 12 /4 | 106 0 th | at (1) (we) las |
| | | | 5 196 2, and that a | | | | | |
| ĺ | | 220 SIGNATURE | M. | | The state of the s | 1110 000303 0110 | z on me dare | 225 DATE |
| | | Jan or Mico | Mach Ly 1 | M D PHYS | MED DIRECTOR | STAFF PHYS | | S GNEC |
| | | 27c PHYSICIAN'S NAME (Type) JAMES M. WHIKEE | LS | 22d. ADDRESS | | | | |
| | | | | | | | | |
| | 23o | BUR AL CREMATION, 236 DATE THEREOF L1/23/60 | ARLINGTON NAT | | | ION (City, lown, b ENGTON, V | * * | (State) |
| | 24 | FUNERA DIRECTOR'S SIGNATURE | SILVER SPRING | 250 | REC'D BY REGIST | RAR 256, REGIS | TRAR'S SIGNATUR | tE . |
| | 2 | Kaimant a zuka. | OTHING SIKING | DA | TE 101 2 8 1 | 30 a | the state of the | |
| | | | | | | | . /// | |



Parish Parish

funeral

72 hours after death.

may be retained.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funero

page 3 should be detached for use as the burial-transit permit. Then please removing State Board of Health prior to burial, cremation, or removal, and in any eventual.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

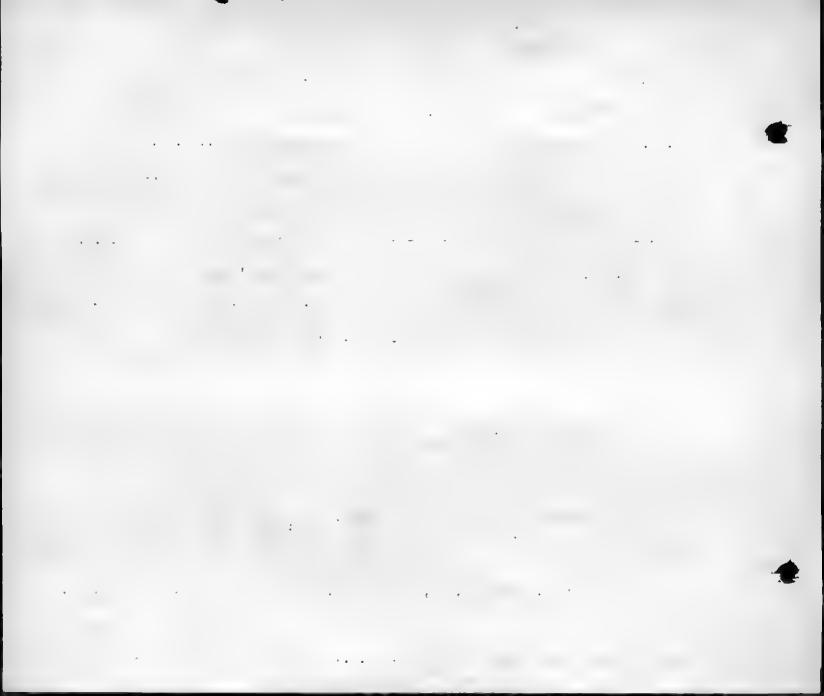
ar death. Page 4

| | 400 | | 461(1111 | U /\(\) | | | · | | | | | |
|---|-----------------------------------|--------------|----------------------------|----------------|----------------|-----------------|----------------|-----------------------------------|---------------|-----------|------------|------------|
| 3, PLACE OF DEATH a. COUNTY | | | | | 2 USUAL R | ESIDENCE (WI | here decease | d lived If instituti | on Reside | ence befo | re admiss | ion) |
| Montgomery | | | MARYLI | | | | | umbia.COUNTY | | | | |
| b CITY OR TOWN (If aut RURAL and give negres | iside corporate lími it tawn) | its, write | c. LENGTH OF STAY IN | 4 1b | c CITY C | OR TOWN (If | putside corpo | prate simits, write R | URAL one | g ve ne | arest fawn | 1) |
| Bethesda R | ural) | | l day | | Wasi | nington | l | | 17 | X | arrows. | |
| d. NAME OF HOSPITAL (I | If nat in haspital, g | jive street | gddress) | | d STREE | T ADDRESS | | | | , | e IS RES | FARM? |
| U. S. Naval | | | | | 150 | Darrin | gton S | St., S. W | I . | | YES | ио [С] |
| 3. NAME OF DECEASED | Fir | si | Middle | | | Last | 4. DATE | Mar | ith | Do | ly ' | Year |
| (Type or print) | Jose | 4 | Gordo | | MIC | CHAEL | DEATH | Novem | ber | 2 | | 19 60 |
| S. SEX 6 | COLOR OR RACE | 7 MARR | IED NEVER MARRIED | B | DATE OF B | IRTH | | 9 AGE (In years lost birthday) | Months Months | | Hours | ER 24 HRS |
| Male C | aucasian | WIDOW | D DIVORCED | | 11-1 | -60 | | γrs | Monins | Days | nouis | Min |
| 100 USUAL OCCUPATION (during most of working | Give kind of work | dane 10b. | KIND OF BUSINESS OR | INDUST | RY 11. BIRT | HPLACE (State | er fereign c | country) | 12 CI | TIZEN O | WHATC | OUNTRY? |
| | | ' | | - | | Mary | land | | | U.S. | A. | |
| 13. FATHER'S NAME | | | | | 14. MOTHE | R'S MAIDEN | NAME | | | | | |
| Paul Gordon | MICHAEL. | | | | Shi | rley Ma | e O'C | ONNOR | | | | |
| 15 WAS DECEASED EVER IN | U. S. ARMED FOR | | SOCIAL SECURITY NO | | ORMANT | | | Add | | | | |
| No | | | None | (F) | Paul | G. Mic | hael, | same as | #2 a | bove | | |
| 18. CAUSE OF DEATH | Enter only one co | use per li | ne for (a), (b), and (c).] | | | | | | | | ERVAL BE | |
| PART I DEATH V | WAS CAUSED BY MEDIATE CAUSE (c | , Neo | natal atele | ctas | sis, c | ause un | deter | mined | | QIV. | SEI MIND | DEATH |
| 7/2 | DUE TO | | | | | | | | | | | |
| Canditions, if any, | which) (b | .1 | | | | | | | | | | |
| gave rise to mme | ediate (DUE TO | | | | | | | | | | | |
| lying cause last. | under- | 3 | | | | | | | | | | |
| PART II OTHER | <u></u> | - | ONTRIBUTING TO DEAT | H BUT N | NOT RELATED | TO THE TERM | INAL D SEAS | E CONDIT ON GI | VEN IN PA | ART I(a) | 9. WAS | AUTOPSY |
| Parr II OTHER S | ductus a | rteri | osus | | | | | | | | | RMED? |
| | NDERLYING [| 20b. DES | CRIBE HOW INJURY OC | CURRED | (Enter natu | re of injury in | Part I or Par | rt II of item IB.) | | | | |
| | DICAL EXAMINER) | | | | | | | _ | | | | |
| 20c. TIME OF INJURY / | Manth, Day, Ye | or 20d. II | NJURY OCCURRED 2 | | | RY (Hame, fare | | y or town) | | (County) | | (State) |
| Hour o.m. | 19 | While of wor | Nat while k □ at work □ | raci | ary, street, o | ffice bldg., eN | 9 | | | | | |
| |) 06325056363636 | i) ottend | led the deceased f | ram. | Nov. | 1 .10 | 60 10 | Nov. 2 | 10 | 60 11 | ot //\ (| amed local |
| saw the deceased | | | 19_60, and t | | | 1 44.7 | 1 1-341 | | | | | |
| 22a SIGNATURE 7 | 1 _1 | ~// | 7 A did i | nor ac | 0,500 | Ted dr | , 141, 11 OIII | The cooses of | io di ii | | 22 | b DATE |
| Ka | Leert | U. K | ack | М | ATTENE PHYS | ING M | IRECTOR | STAFF PHYS | | | 11-3 | -60 |
| 22c PHYSICIAN'S | | | | | 22d AD | | | | | | | |
| NAME (Type) Ro | bert V. | RACK, | LT, MC, US | N | U. | S. Nav | ral Ho | spital, F | Be the | sda, | Md. | |
| 230 BURIAL CREMATION, | 236 DATE THEREC |)F | 23c NAME OF CEMET | ERY OR | CREMATOR | Y | 23d LOCA | TION (City, town, | or county | } | (Stat | le) |
| Burial (Specify) | 11-4-60 | | Arlingt | | | | | lington | | * | gini | * |
| 24 FUNERAL DIRECTOR'S SI | | | ADDRESS | | | - 1 | | TRAB DEL BECC | CTDADC | | _ | |

Hanlon Funeral Home, 3831 Georgia Ave., N.W., WDGAROV 9

51254XV7

Coulant d. Triana



VR A15 (4) 15M 9/59

| Ī | 1 PLACE OF DEATH 0 COUNTY 1 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admissing 5 COUNTY 1 | ion) |
|---|--|--------------------|
| - | MARYLAND MARYLAND MARYLAND B. COUNTY MONTGOTHE | Ru |
| | b CITY OR TOWN (If outside corporate lymits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town | |
| | Tokoma tark. 5 days Ribury Daying | |
| ı | d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREFT ADDRESS e (S. RES) | DENCE FARM? |
| | | NO 😿 |
| Ĭ | 3. NAME OF DECEASED First Middle Last 4. DATE Month Doy OF | Year |
| | | 1960 |
| | 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In yeors IF JNDER 1 YEAR IF JNDER 1 Y | |
| | MALE WHITE WIDOWED DIVORCED 14-9-1903 57 yrs Months Doys Hours | Min |
| 1 | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT Country (Stole or foreign country) | OUNTRY? |
| | Chark Thomas Caper Son Trevel ILLINOIS U.S. | |
| | 13. FATHER'S NAME Ageney 14. MOTHER'S MAIDEN NAME | |
| | CLARENCE O. MILNER MARTHA Jensen | |
| ľ | 15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unknown) (If yes, give wor or dotes of service) | |
| | NO 579-12-1361 WASHINGTON SANITARIUNI + HESPITAL RO | 20081 |
| ı | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] | |
| | PART I DEATH WAS CAUSED BY Acute myocardial infarct involving left anterior 4 day | |
| ŀ | Due to descending coronary artery | |
| ١ | Conditions, if ony, which) (b) Massive myocardial fibrosis involving left Since 1 | 0.5.2 |
| | gove rise to immediate couse (o), storing the under DUE TO antero-lateral myocardium | 3 1 2 - |
| | lying couse lost. | |
| | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS A | AUTOPSY |
| | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(0) 19 WAS A PERFO YES TO CONTRIBUTING TO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of I term 18) OF CONTRIBUTING TO CONTRIBUTING | NO D |
| | 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH | |
| | | |
| | 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (County) | (State) |
| - | Hour o. m. While Not while foctory, street, office bldg., etc.) | |
| ١ | 21 I certify that (1) (this hospital) attended the deceased from LUCI 1952 to NOU 60, 1960, that (1) (1) | wal last |
| | saw the deceased alive on Nov = 1960 and that death accurred at A M, from the causes and an the date stated | |
| Н | 220 SIGNATURE 221 | DATE |
| | MD PHYS DIRECTOR DIRECTOR PHYS - NOVG 6 | SIGNED |
| | 22c PHYSICIAN 22d ADDRESS (CG) O DE TE CE CELLE | LA |
| | The state of the s | |
| | Cocorge to Fred Seller Spread of all | 1' |
| | 230 BURIAL, CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) (State | e) |
| | 230 BURIAL CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City Town, or county) (Sign | e) |
| | 230 BJRIAL, CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) (State | Z e) |



| 12/48 CERI | IFICATE OF DEAT | H | |
|---|---|---|---|
| 1, PLACE OF DEATH | | (Where deceased lived. If institution | Residence before admission) |
| a. COUNTY HANTON MERV | ARYLAND G STATE | b. COUNTY | Mant. |
| b CITY OR TOWN (IV outs de corpordie limits, write c. LENGTH OF S | AY IN 16 C. CITY OR TOWN | (If autside carporate limits, write RUI | RAL and give nearest town) |
| RURAL and give nearest tawn) KensingTon /VE | 8MAS BETH | esda 50 | |
| d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | d STREET ADDRES | S | IS RESIDENCE ON A FARM? |
| Kensington GARDENS SAN. | 4618 1 | Highland 1 | TUR! YES NO D |
| 3 NAME OF First Mid | Idle Lost | 4. DATE Month | Day Yeor |
| (Type or print) Olivia | M.Tchell | DEATH // | 1 1960 |
| 5 SEX 6. COLOR OF RACE 7. MARRIED NEVER MA | RRIED B. DATE OF BIRTH | | FUNDER 1 YEAR IF UNDER 24 HRS |
| WIDOWED DIVO | RCED 11/1/18 | | Manths Days Haurs Min. |
| 10a USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINES during most af warking life, even if retired) | S OR INDUSTRY 11. BIRTHPLACE (S | tate or foreign country) | 12 CITIZEN OF WHAT COUNTRY |
| housewife | LU.75 | sh. D.C. | U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAID | EN NAME | |
| GEORGE A. FERRIE | Hel | EN PARKER | 9 |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY | NO. 17, INFORMANT | Addre | |
| None | Thomas W. | Pyle-son in la | w-same 2d |
| 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and | (c).] | | INTERVAL BETWEEN |
| PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | deal - arter | 4 | Lyens |
| 450 . 0 DUE TO | | 0 - 1 | |
| Conditions, if any which) (b) Unterio. | Scheross gine | ralized | 10 years. |
| gave rise to immediate DUE TO | 1 | | |
| lying cause last. (c) | | | |
| PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE T | ERMINAL DISEASE CONDITION GIVE | N IN PART I(a) 19 WAS AUTOPSY PERFORMED? |
| 3 | | | YES NO NO |
| ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH | Y OCCURRED. (Enter nature of injury | y in Port I ar Part II af item 18) | |
| | | | |
| 20c. T ME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while of work of work | 20e. PLACE OF INJURY (Home, factory, street, affice bldg. | | (County) (State |
| p m. 19 of work of work | 77 70 | | |
| 21 I certify that (I) (this hospital) attended the deceas | | 19 , to | _, 196_0 that (I) (we) las |
| | and that death accurred at | M, from the causes and | |
| 22a S GNATURE | ATTENDING | MED. STAFF | 225 DATE SIGNEI |
| makened) forter | M D PHYS 22d ADDRESS | DIRECTOR PHYS | 11/1/60 |
| NAME (Type) Alfred S. Norton | 4 00 7 7 7 | ighland Ave. B | ethesda, Md. |
| | | | |
| REMOVAL (Specify) | EMETERY OR CREMATORY | 23d. LOCATION (City, town, or | |
| Burial 11/4/60 Glenw 24 FUNDERAL DIRECTOR'S S GRATURE ADDRESS | | Washington REC'D BY REGISTRAR 256, REGIST | rar's signature |
| Robert A. Aumphrey Bethesda | Maryl and | | TON & STALLOW |
| - Menne brought and Car contact | , Ital y Land DATE | NOV 8 160 COM | - 1. Krus |
| · , | | | |

may be recome by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the funeral director page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL VR A15 (4) 15M 9/59

1

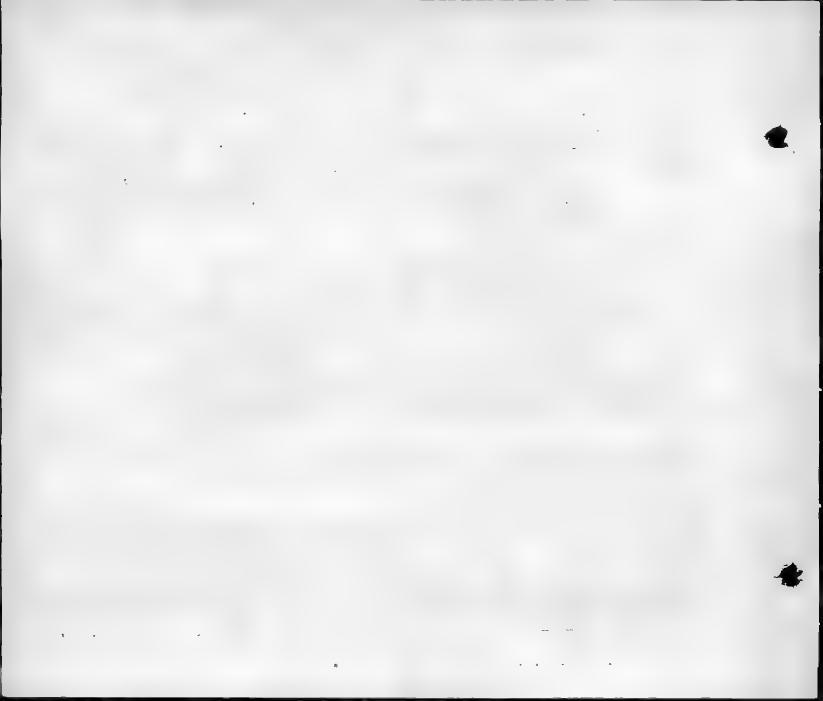
ter death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of



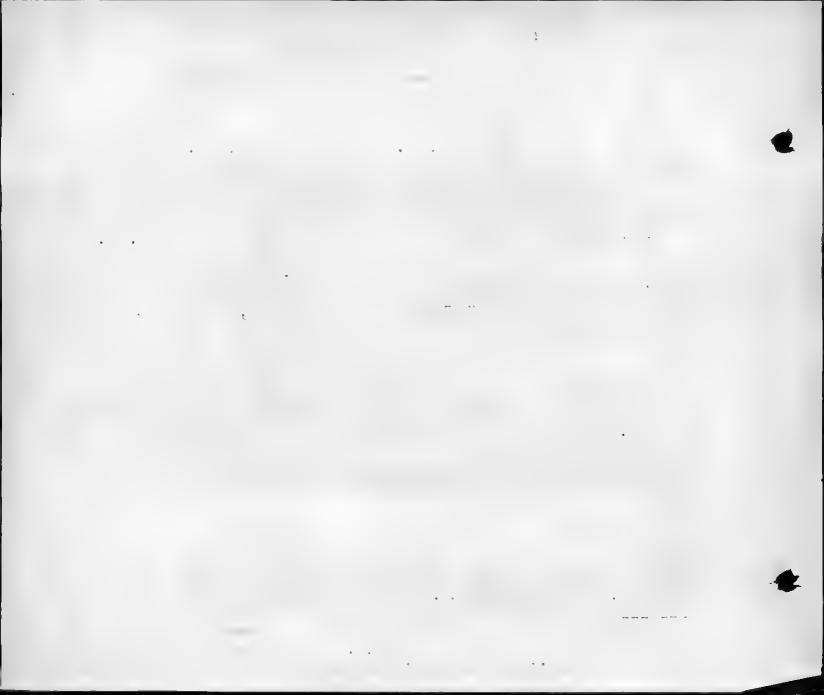
| | | MAKI | TLAND STATE DEPAKT | | 1—BALIIMORE, | 12778 |
|-------------------------|---------|--|---|---|---|--|
| £ | L | 1979e | CERTIFI | CATE OF DEATH | 4 | Reg. Dist. No. |
| | 1. | PLACE OF DEATH COUNTY Montzomery | Maria. | II III STATE | b. COUNTY | ioni Residence before admission) |
| 3 | | b. CITY OR TOWN (If outside corporate li RURAL and give nearest town) | imits, write c. LENGTH OF STAY IN | | outside corporale limits prite f | URAL and give nearest town) |
| Shocile Shocile | - | Takoma Park, d NAME OF HOSPITAL (If not in hospital, OR INSTITUTION | I, give street oddress) | d. STREET ADDRESS | ing, | e. IS RESIDENCE ON A FARM? |
| i etak | | fashington Sanitario | | 4001 Wells | | YES NO |
| 5 010 | 1 | DECEASED (Type or print) | First Middle | Monki ewicz | 4. DATE Mor | |
| Pages | 5. | | 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | 8. DATE OF BIRTH | 9. AGE (In years lost birthdoy) | Months Doys Hours Min |
| papers. | 100 | Wale White | rk dane 10b KIND OF BUSINESS OR IN | TACADITIDGE T | | 12. CITIZEN OF WHAT COUN |
| C 10 | L | none | none | Marylan | | |
| | 13. | FATHER'S NAME | | 14 MOTHER'S MAIDEN N | | |
| hours off | 1 | Chester John & | | Jean Ma | rie Smink | lress . |
| 72 ho | (Ye | L. no. or unknown) (If yes, give wor or dates o | of service) | mother | same as a | _ |
| sit permit. Then | | Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost. | TO SHOULDER | PRESENTATION, PLACENT | ION (TWIN |) 16 H |
| iat-tran taval, a | CATION | | ONDITIONS CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERMI | INAL DISEASE CONDITION GIV | VEN IN PART I(0) 19 WAS AUTOPPERFORMED? YES 1 NO |
| or rem | CERTIF | 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER | 206. DESCRIBE HOW INJURY OCCU | RRED (Enter noture of injury in i | Port I or Part II of item 18.) | |
| r use as ematian | MEDICAL | 20c. TIME OF INJURY Month, Day, Y Hour a.m. p. m. 19 | While Not while | PLACE OF INJURY (Home, form factory, street, affice bldg., etc. | 20f (City or Iown) | (County) (Sto |
| ached fo | | 21. I certify that I attended the alive on | he deceased fram NOV | 13, 1960, to oth accurred at 430 | 20 1 13, 1960 2M, from the causes of |),that I last saw the decedend on the date stated ab |
| f be det | | ACTUAL SIGNATURE TOBERTO | T. Frielman | м.в. 773 | ADDRESS (Street, city or town, | AUT MU NOV |
| shoule stror p | | PHYSICIAN'S POBERY | B. KRICHMA | RAD | LIBEHINGE | N 12 D.C 19 |
| page 3 st the regist | 220 | BURIAL, CREMATION, 22b. DATE THERE REMOVAL (Specify) Cremation 11-11-6 | | y or crematory Savitarium and | 22d. LOCATION (City, lown, | or county) (Stote) |
| | - | | | | | |

. .



VS A15 (4) 15M 10/57

| | | CERTIFICA | AIE OF DEATH | | Reg. Dist. No. |
|---|--|---------------------------|-----------------------------------|---|----------------------------------|
| | PLACE OF DEATH COUNTY Montgomery | MARYLAND | 02!\\It | re deceased lived. If institution | Residence before admiss an) |
| | b CITY OR TOWN (If autside carporate limits, write | c. LENGTH OF STAY IN 16 | | Columbia tside carporate limits, write RUB | PA1 and give persent found |
| | RURAL and give nearest lown) ' Bethesda | 18 Days | Washington | mac comportore minus, write work | / /- / V |
| | d NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION | address) | d STREET ADDRESS | | IS RESIDENCE |
| | The Clinical Center, Beth | esda 1h. Md. | 2325 L2nd St | treet, N.W. | ON A FARM? YES NO R |
| I | 3. NAME OF First DECEASED | Middle | | 4. DATE Month | Day Year |
| | (Type or print) Marjorie | Maude | Morey | DEATH November | 19 1960 |
| 1 | 5. SEX 6 COLOR OR RACE 7 MARR | RIED NEVER MARRIED | B. DATE OF BIRTH | 9 AGE (In years If | FUNDER 1 YEAR IF LINDER 24 HRS |
| | Female White WIDOWE | - Land 1 | December 28 19 | 909 50 m | Months Days Hours Min. |
| ı | 10a. USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired) | | | r fareign country) | 12 CITIZEN OF WHAT COUNTRY |
| | | tore | Canada | | U.S.A. |
| 1 | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | | |
| A | Robert John Willoughby | | Fanny M. S | | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service) | 90 79 01.01. | | ical Record\$ ddress | |
| | | 14.116 | <u>Clinical Cen</u> | ter, Bethesda | 1), Maryland |
| 1 | 18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: | ie for (o) (b), and (c)] | | | INTERVAL BETWEEN ONSET AND DEATH |
| ı | IMMEDIATE CAUSE (a) DOI | <u>oticemia</u> | | | 5 Days |
| ı | 134,5 DUE TO | aphlococcal Med | | | |
| ı | I GOVE FISE TO IMMEDIATE I | Days | | | |
| | couse (a), stating the under. DUE TO | 3.3 10 | | | |
| | (0) 12 (12 | UN PART WALLE WAS AUTORSY | | | |
| | Atrial Septal Defec | | | | PERFORMED? |
| ı | 20g. ACCIDENT WAS UNDERLYING FT. 20h. DESC | CRIBE HOW INJURY OCCURRED | | ert I or Port II of item 18.) | YES 💀 NO 🖺 |
| | | | | | |
| 1 | 20c TIME OF INJURY Month, Day, Year 20d. IN Mour o. m. 19 of work | NJURY OCCURRED 20e PLA | CE OF INJURY (Home, form, | 20f (City or town) | (County) (State) |
| | Hour c. m. While of world worl | | lory, street, affice bldg., etc.) | | |
| ١ | 21. I certify that I attended the decease | ed fromNovember 1 | 1960 to Nov | ember 10 1060 | thet I lest seus the shares |
| 1 | alive an November 19 196 | O and that death | occurred of 1:15 A | M. from the courses an | d an the date stated above |
| ı | | 2 0 | | DORESS (Street, city or town, sta | |
| ı | SIGNATURE C Brooke been | ed h. D. | The Cl: | inical Center | 11/19/60 |
| l | BHACKITANIC 23 | | Nationa | l Institutes of | f Health |
| | PHYSICIAN'S E. C. Brockenbrou | igh M.D. | Bethesd: | a 14, Maryland | |
| | 220. SUMAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) | 22c NAME OF CEMETERY OR | CREMATORY 2 | 77d LOCATION (City, town, or o | county) (State) |
| 1 | removal 11/21/60 | Beechwood | | Ottawa, Cana | |
| ш | 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS Wash I | 24a. REC'D | BY REGISTRAR 246. REGISTR | RAR'S SIGNATURE |
| | The S.H.Hines Co.,2901 | 14th St. N. | W . 9 DATE N | 00/21/60 - | 2 2 46 0 |



| | LACE OF DEATH | | | | tere deceased lived. If institution | n: Residence before odmission) |
|---------------|--|-----------------------------|------------------------|----------------------------------|-------------------------------------|--|
|) ° | COUNTY Mon | + Gimer | MARYLAND | o. STATE West | b. COUNTY | 15. |
| / ь | CITY OR TOWN (If outside o | orpopole imits, write c. | LENGTH OF STAY IN 16 | E. CITY OR TOWN (IF | outside corporate limits, write RU | IRAL and give nearest lawn) |
| | RURAL and give nearest fown | V a/ | | Chan | 605 Town | _ |
| 0 | NAME OF HOSPITAL (IF not | | Iress) | d STREET ADDRESS | 7 - | e IS RESIDENCE |
| <i>i</i> _ | OR INSTITUTION Su | burban | <u> </u> | 150x | +10-15.F. | THE YES NO |
| 3 N | NAME OF CECEASED | First | Middle | Lost | 4. DATE Month | h Day Year |
| | Type or print) | -rances | 77 | low Hon | DEATH TLOW | 20 1960 |
| 5. \$ | EX 6. COLO | R OR RACE 7 MARRIED | NEVER MARRIED | 8. DATE OF SIRTH | 9 AGE (In yeors last birthday) | Months Days Hours Min, |
| 1 | Romale WA | widowed (| DIVORCED [| 12/14/7 | 7 80 m. | Min. |
| 100 | USUAL OCCUPATION (Give a during most of working life, e | and of work done 105 Kin | 19 OF BUSINESS OR INDE | STRY 11. BIRTHPLACE (State | pr foreign country) | 12 CITIZEN OF WHAT COUNTRY? |
| 117 | Dachesta | etiredi | / | 1 | 17013 | 12.3.17 |
| 13 (| FATHER'S NAME | 7 | 1 1 | 14. MOTHER'S MAIDEN | NAME | |
| 12 | emm T | ar Kell | Taw/ing: | Julia | 7. Mon2 | Tips |
| | WAS DECEASED EVER IN U. S | ARMED FORCES? 16 SO | CIAL SECURITY NO 17. | NFORMANT 5123 | Bradley Bl#d | " Beth. Md |
| | No | No | ne D | r. Barbara | Moulton-daug | • |
| | 18. CAUSE OF DEATH [Enfe | r only one cause per line f | ar (a), (b), and (c)] | | | INTERVAL BETWEEN |
| | PART I. DEATH WAS O | CAUSED BY. | remia. | | | ONSET AND DEATH |
| | | DUE TO | | | | The state of the s |
| | Conditions, if ony, which | 2.00 | Tendar | medsnosa | leroses | 5 arcors |
| | gove rise to immediate | DUE TO | april corp | This service | 770 9 | |
| | couse (a), stating the <u>under</u> lying couse lost, | (c) | | | | |
| z | | | NTRIBUTING TO DEATH BL | T NOT RELATED TO THE TERM | NAL DISEASE CONDITION GIVE | EN IN PART I(a) 19 WAS AUTOPSY |
| ATIC | beering | 11 11 11 | 1 homests | es will be | ile a start | PERFORMED? YES NO DE |
| 텔 | 20a ACC DENT WAS UNDER | YING 20b. DESCRI | BEHOW INJURY OCCURR | D (Enter noture of injury in | Port I or Port II of item 18.) | |
| CERTIFICATION | OR CONTRIBUTING CAUSE | E OF DEATH | | , , , , | | |
| | 20c, TIME OF INJURY Manth | Day, Year 20d, IND | IRY OCCURRED 20e. P | ACE OF INJURY (Home, fare | n. 20f (City or town) | (County) (State) |
| MEDICAL | Hour om | While _ | _ Not while | ictory, street, affice bldg., et | 4) | (, |
| 2 | p m, | al work [| at work | 0.730 | 60 0 2 | 0.60. |
| | | | | | | 2, 1969 that (1) (we) last |
| | sow the deceased altri | e on May 20 | 1980 and that | death occurred at | M, from the causes one | d on the date stated above |
| | 22a SIGNATURE | 11/1 | 7.1. | ATTENDING N | ED STAFF | SIGNED |
| | 22c. PHYSICIAN'S | en I pe | me | M.D., PHYS 2 D | RECTOR PHYS | 11/20/60 |
| | NAME (Type) | and all the west | . 1 . 7 . | CA CA IZ- | 1 2 60 1 | 1. 1 h |
| | Se | | mble | 729122 | ming prisi | was spring ma |
| 23a | BUR AL, CREMATION 236. I | 11 | THE NAME OF CEMETERY | OR CREMATORY | 23d YOCATION (City, fown o | or county) (Stote) |
| | Burial 11 | | | emetery | Charles Tow | |
| 24, | FUNERAL DIRECTOR'S SIGNAT | P 1 1 - 1 - 1 | ADDRESS | 3 . 3 | D BY REGISTRAR 256 REGIS | TRAR'S SIGNATURE |
| | KOPR TSUBNISH | THIRD FERT WILL | echesgalm | aryland DANOV | 2 3 '60 | 1 & Kness |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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| NDC | AFF. | ached | of the | | |
| ATTE | CTO | e deto | r Her | | |
| N. E | OIRE | d plu | the State Board of Health prior to burial, cremation, ar remayal, and in any eyent within 72 hours ofter death. | | |
| PIT | ERAL | 3 sha | ote Bo | | |
| HOS | E N | 9000 | he Sto | | |
| TO HOSPITATOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 | 2 | page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld to with | Ŧ | | |
| 15M | 9/5 | 9 | | | |

| - T. A. (143.3) | CERTIFICA | IL OI DEATH | | | | | | |
|---|--|---|--|--------------------------------------|--|--|--|--|
| 1. PLACE OF DEATH COUNTY MONTGOMERY | MARYLAND | 2 USUAL RESIDENCE (Who o. STATE District of | ere deceased lived If institution b. COUNTY Columbia | Residence before admission) | | | | |
| b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Bethesda (Rural) | 3 days | | utside corporote I mits, write RUR/ | AL and give nearest town) | | | | |
| d NAME OF HOSPITAL (If not in hospital give street OR INSTITUTION U. S. Naval Hospital | address} | d STREET ADDRESS 1533 Massac | husetts Ave., S | E. IS RESIDENCE ON A FARM? YES NO 20 | | | | |
| 3. NAME OF First DECEASED (Type or print) Anna | Middle Frances | Lost MURRAY | 4. DATE Month OF DEATH NOVEMB | Day Year er 18 19 60 | | | | |
| 5. SEX 6. COLOR OR RACE 7 MARK Female Caucasian WIDOWN | The bas the same of the same o | B. DATE OF BIRTH 2-22-91 | | UNDER TYEAR F UNDER 24 HRS | | | | |
| 100 USLAL OCCUPATION (G ve kind of work done 10b. during most of working life, even if retired) HOUSEWITE | | STRY 11. BIRTHPLACE (Stole of New Yo.) | or foreign country) | 12 CITIZEN OF WHAT COUNTRY U.S.A. | | | | |
| 13. FATHER'S NAME | | 14 MOTHER'S MAIDEN N | AME | | | | | |
| William BELL | | Alice BARR | ICK | | | | | |
| 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 | SOCIAL SECURITY NO 17, 11 | NFORMANT | Address | | | | | |
| (Yes, no. or unknown) (14 yes, give wor or dates of service) | 77-12-2505 (H | I) Wm. R. Murr | ay, same as #2 | above | | | | |
| Conditions, if any which gove rise to immediate couse (o), stating the under-lying couse lost. | Cardiac De Rheumatic | |)iscase | interval Between onset and Death | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CONTRIBUTING TO DEATH BUT | | | PERFORMED? | | | | |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20c. TIME OF INJURY Month, Doy, Yeor 20d. II | NAURY OCCURRED 20e. PL | ACE OF INJURY (Home, form, | 20f. (City or town) | (County) (State | | | | |
| 20c. TIME OF INJURY Month, Doy, Yeor 20d. II Hour o m. 19 While of wor | | ctory, street, office bldg., etc. |) | | | | | |
| 21. I certify that (1) (this haspital) attended the deceased fram. Nov. 15 1: 15 60, ta Nov. 18, 19 60 saw the deceased glive an Nov. 18 1960, and that death accurred at | | | | | | | | |
| 230 BURIAL CREMATION, 236 DATE THEREOF | 23c NAME OF CEMETERY O | | 1 Hospital, Bet | | | | | |
| Burial 11-22-60 | , Arlington N | | 23d LOCATION (City, town, or c Arlington | Virginia | | | | |
| 24 FUNGERAL PURECTORS SIGNATURE COLS | ADDRESS | 25o. REC'E | BY REGISTRAR 256 REGISTR | AR'S SIGNATURE | | | | |
| W.W.Chambers Co., 517 11th | Street, S.E, W | ashDC DATE N | 10V 22 '60 an | Chur & Kraus | | | | |



| 1 1 | | CERTIFICATE OF DEATH | 12782 |
|---|---|--|--|
| Page director | Ī | PLACE OF DEATH o COUNTY Montgomery MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institute of Columbia COUNTY District of Columbia | ion. Residence before admission) Y |
| death. | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Bethesda (Rural) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write limits, | RURAL and give nearest town) |
| 2 2 Hool | 5 | d NAME OF HOSPITAL (If not in hospilat give street oddress) OR INSTITUTION U. S. Naval Hospital 1524 F Street, N.E Ap | o. IS RESIDENCE ON A FARM? YES ON DO |
| 24 hour | | NAME OF First Middle Lost 4. DATE Mod OF | |
| I within letely fil s. Page fler deal | | SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Female Negro WIDOWED DIVORCED 14-1-05 9 AGE (In years lost birthday) 55 yrs | Months Doys Hours Min. |
| d comp | | On US.AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if refired) Housewife West Virginia | 12.CITIZEN OF WHAT COUNTRY U.S.A. |
| icion an | | 3. FATHER'S NAME John BROOKS Estelle | , |
| certific ng physi remay event w | | S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT HO (If you, give wor or detta of service) Unknown (S) Morris E. Christian, sam | dress ne as #2 above |
| e attendre en please d in any | | 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (o) Carculas decompositions after | INTERVAL BETWEEN ONSET AND DEATH |
| ed by th rmit. Th oval, an | | Conditions if any, which gove rise to immediate (b) articiosclerotic of hyperturning | 20 yes |
| v requir | | Cause (a), stating the under DUE TO Tying couse ost (c) The property | IVEN IN PART HATTE WAS ALTOPS |
| The lav g physia hos be urial-tra matian, | | The second was the second and the second sec | PERFORMED? YES 1 NO |
| CIAN: attending the base of riel, cre | | OR CONTRIBUTING (I) CAUSE OF DEATH. UIF EITHER, NOTIFY MEDICAL EXAMINER) | le de la |
| ital or of this ce or use of the bu | | Hour a.m. While Not while foctory, street, office bldg., etc.) p. m. 19 at work of work | (County) (State |
| ENDING he hasp R: After ached f alth prid | | saw the deceased alive an NOV. 221960, and that death accurred at 2:3 M. fram the causes at | 12 , 19 60, that (I) (we) laind an the date stated above |
| AL COLL ON PROJECT OF HE Board of He | 1 | 22c PHYSICIAN'S NAME (Type) R. G. MUTH, LT, MC, USN ATTENDING MED MED DIRECTOR STAFF PHYS 22d, ADDRESS U. S. Naval Hospital, B | 226 DATE SIGNE 11-22-60 ethesda, Md. |
| HOSPII | | 33 BURIAL CREMATON 236 DATE THEREOF 236 NAME OF CEMETERY OF CREMATORY 23d LOCATION (C ty town, REMOVAL (Specify) 11-29-60 Lincoln Memorial Cemetery Suitland, Md | or county) (State) |
| P | - | ELNERAL DIRECTOR'S SIGNATURE ADDRESS WEST 250. REGIO BY SEGISTRAR 256 REG | DISTRAR'S SIGNATURE |



Reg. Dist. No.

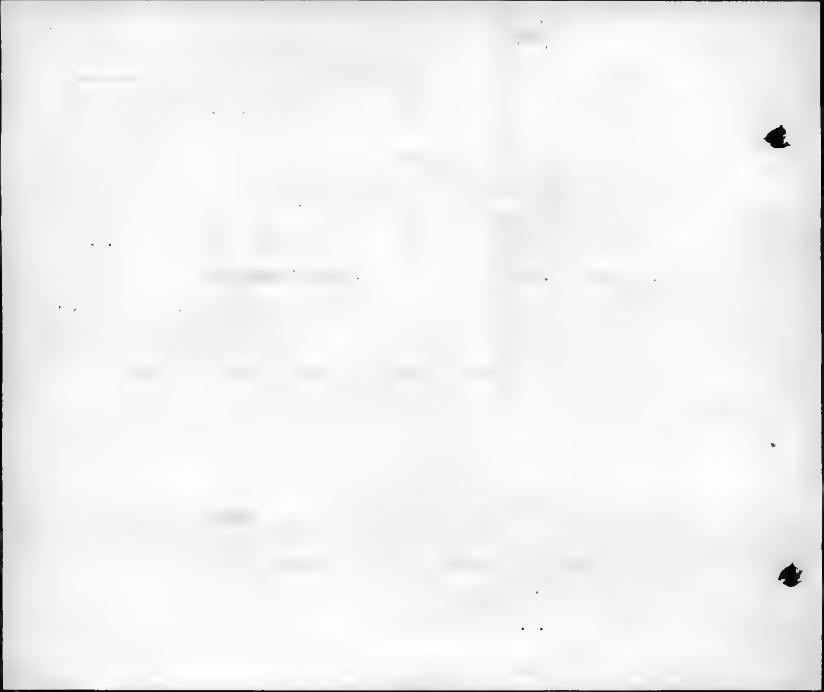
e funeral director, should be

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haugs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL BIRICTOR: After this certificate mas been signed by the attending plysician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remays_capban papers. Pages 1 and the registrar prior to burial, crematian, ar remayal, and in any event within 72 hybrs often death.

TO HOSPITA! VS A15 (4) 15M 9/58

| 1 | PLACE OF DEATH O. COUNTY Montpo | merv | | MARYI | LAND | o STATE | | here decease | d lived If instituti b COUNTY | | t re Ott | | on) |
|-----------------|---|--|-------------------------------|-----------------------------|-----------------|---------------------|------------------------------------|---------------|--|---------------|-----------|----------------------------|-------------------------|
| | b. CITY OR TOWN (If RURAL and give ne | autside corporate limi arest town) | ts, write | c. LENGTH OF STAY | IN 1b | c, CITY (| OR TOWN (IF | * | Theres 1 | URAL ond | give neo | rest lown | 1} |
| ľ | d. NAME OF HOSPITA OR INSTITUTION | TITE AL (IF not in hospital, g | jive street | 2 yrs | | | LATESTI T ADDRESS | <u> </u> | Rural | | | | IDENCE FARM? NO M |
| 3 | NAME OF | Fu | st | Middle | | | last | 4. DATE | Mor | oth. | Da | у 1 | Yeor |
| | (Type or print) | Jehn | | Wesley | I | Nichol | S | OF DEATH | Nov | | 6 | 1 | 960 |
| 5 | Male | 6. COLOR OR RACE White | 7. MARR | RIED NEVER MARRIE | | B. DATE OF E May | 3-1882 | 2 | 9. AGE (In years lay birthdoy) yrs. | Months Months | Doys | Hours | R 24 HRS Min, |
| Ti | 0a JSJAL OCCUPATIO | N (Give kind of working life, even if retired | done 10b. | KIND OF BUSINESS OF | RINDUS | TRY 11. BIRT | HPLACE (Stote | or foreign c | ountry) | 12 CI | IZEN OF | WHATC | OUNTRY? |
| 1 | Painter | | * | loved | | 1 | Maryla | and | | | U.S. | | |
| 1. | 3. FATHER'S NAME | | | | | 14. MOTH | ER'S MAIDEN I | NAME | | | | | |
| | Lee Ar | drew F.Ni | chol | S | | Marg | aret I | Chomps | on | | | | |
| | S WAS DECEASED EVER | | CES? 16. | | | POWATE | | | Add | ress | | | |
| Ľ | | | | | | Rrs | Gladys | Nich | olson, Pe | oles | vil | le,M | d |
| i | PART I. DEAT Conditions, if on gove rise to in couse (o), storing to | TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO | Hy | rebral Va Pex tensiva | | ular 1 lyterio | deciden scleroti | | them; | plegs. | ONS | ERVAL BE EET AND O d | TWEEN DEATH SYS |
| | lying couse lost |) (c | | CONTRIBUTING TO DEA | 711 B (T | A COT DELLATE | TO THE TERM | ININI PARTAC | T COMPLETION OF | /FA 1 34 - FA | DT 1/ 1/1 | 0 14/45 | ALIEORCY |
| 1014 A 710143 7 | PARTI OTH | ER SIGNIFICAN I CON | SMOILING | CONTRIBUTING TO DEA | RIH BUT | NOT KELATEI |) TO THE TERM | INAL B SEAS | E CONDITION GI | VEN IN PA | KT 1(D) 1 | PERFO | RMED? |
| | | S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER) | 206, DES | CRIBE HOW INJURY OF | CCURREE |), (Enter holy | re of injury in | Port 1 or Por | t II of item 18) | | | | |
| I WOOD IN | 20c. TIME OF INJURY Hour o. m p. m. | Month, Doy, Ye | ar 20d. II While of wor | Not while | 20e. PLA foc | CE OF INJUI | RY (Home, forn ffice bldg., etc | n, 20f. (Cit) | or town) | | (County) | | (Stote) |
| | 21. I certify the olive on Sacrual SIGNATURE PHYSICIAN'S NAME (Type) | ot I attended the NAV & where where where we will be the work of t | 12 | bo, and that | Oc. | 17.5 | or TA: | | the couses or treet, city or town, and a Mod | id on th | e date | stated | l obove. E SIGNED |
| L | 20 BURIAL, CREMAT OF REMOVAL (Specify) | Nov.8 | | 22c NAME OF CEME Methodi | | R CREMATOR | Y | | TION (City, town, | | | (State | e) |
| 2: | 3. FUNERAL DIRECTOR'S | SIGNATURE | 0= | ADDRESS | enil | 100 % | | D BY REGIST | | STRAR'S S | BNATH | RS.4 | |



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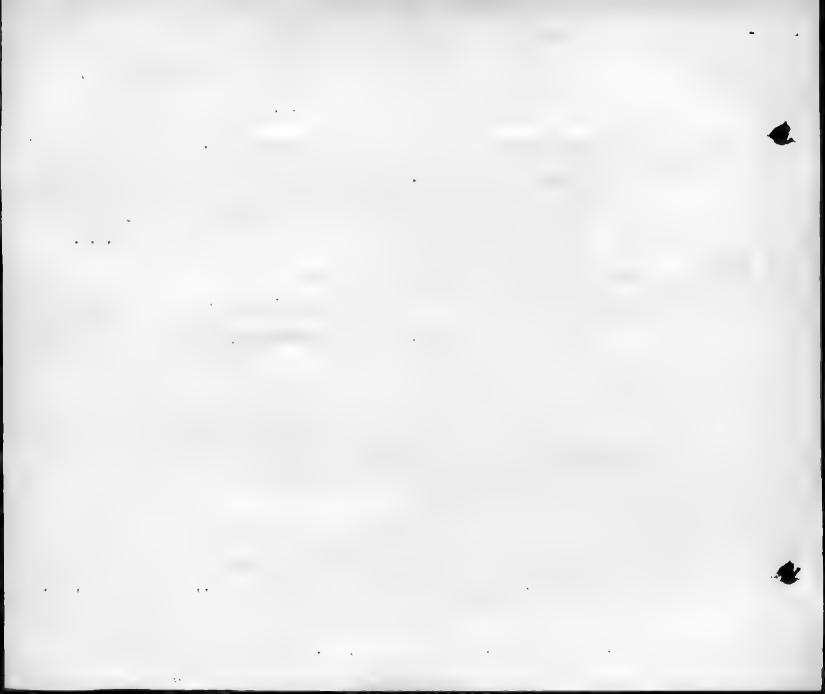
| £ | _ | | | | | | | | | | | |
|---|--------|--|--------------------------------|--------------|---------------------------|---------|----------------------------------|--------------|---------------------------------|-----------------|-----------------|---------------------|
| 3 | 1. 1 | PLACE OF DEATH | | | | | 2, USUAL RESIDENCE (Who | ere decease | | | ce befare odm | nission) |
| | | 27 4 | gomery | | MARYLA | ND | Marylan | d | b. COUNT | Mont | gomery | |
| | | CITY OR TOWN (IF | autside carporate timit | s, write | c LENGTH OF STAY IN | 1ь | c. CITY OR TOWN (If at | itside corpo | orate limits, write | RURAL and | give negrest to | iwn) |
| | | RURAL ond give now Beth | | | | | / Filver | Sprir | 0.07 | | | |
| no P | | I. NAME OF HOSPITA | L (If not in hospital, g | ive street o | ddress) | | d. STREET ADDRESS | | -5 | | e. IS F | ESIDENCE |
| 10 74 | 1 | OR INSTITUTION Subu | rban Hespi | tal | | | 704 McN | eill | Rd. | | | A FARM? |
| č | | NAME OF | Fin | | Middle | | Lost | 4. DATE | | anth. | Day | Yeor |
| s 4 | | DECEASED (Type or print) | Alice | | Mae | | Niple | OF DEATH | | 11 | 17 | 19 60 |
| 5 D | 5. 5 | SEX | 6 COLOR OR RACE | 7 MARRII | ED NEVER MARRIED | | B. DATE OF BIRTH | | 9 AGE (In year lost birthday | | TYEAR IF UN | |
| fter | F | emale | White | WIDOWE | DIVORCED [| | #xxxxxxx 7/3/8 | 31 | 79 y | | Days Hau | rs Min. |
| 2 2 | | . USUAL OCCUPATIO | N (Give kind of work of | lone 10b. K | CIND OF BUSINESS OR I | INDUS | TRY 11. BIRTHPLACE (State | or foreign o | ountry) | 12 GITI | ZEN OF WHA | TCOUNTRY? |
| during most of working life, even if retired) Housewife Waryland U.S.A. | | | | | | | | | | | | |
| 38 | - | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN N | AME | | - | | |
| 3 7 | | Levi Gill | | | | | Augusta V | filser | 1 | | | |
| | 15 | WAS DECEASED EVER | IN U.S. ARMED FOR | CES7 16 S | OCIAL SECURITY NO | 17, IN | IFORMANT | 122901 | | idress | | |
| 9 0 | (Ye | n. no. or unknown) [1 | f yes, gave wor or dates of se | ervice) | none | רים | Lsie Burton Vo | lovabi | man (no | e as a | harm | |
| 7. e | F | IR CAUSE OF DEAL | TH Finter only one co | use per line | e for (a), (b), and (c).] | 10. | rare par con Ar | reng III | ACT T SOUTH | <u> </u> | | BETWEEN |
| | | | H WAS CAUSED BY: | osc por mic | | | OV times | 1- 0 | -/- | | ONSET A | |
| e p | | 450 | IMMEDIATE CAUSE (a) | 1 | (TOR ALLE | 8 | SACIONIN | per | rsollv | - | -/- | 2 74 |
| ⊢ ō · | | 77.00 | DUE TO | | 7 1 | 0 | | * | | | | |
| # 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | Conditions, if on gave rise to in | mediate | | illenose | Ve. | www | | | | | |
| g. 5 E | | couse (a), stating t | he under DUE TO | | | | | | | | | |
| 9 2 | z | lying cause lost. | J (c) | DITIONS CO | ONTRIP ITING TO DEATH | J 0117 | NOT RELATED TO THE TERMIN | MAI D SEAS | E CONDITION (| IVEN: IN DAD | T 1(a) 19 W4 | YZGOTILA Z |
| 1.0 () | CATION | TAKI II. OIN | R SIGINITIONING COM | / - | 1 1 1 | フ | • | AWE D SEW | SE CONDITION C | ALA PLA HALLSIN | PER | FORMED? |
| rrio mala | | 20a. ACCIDENT WAS | INDEPLYING TO | 20h DESC | 1 1/6 | | D. (Enter nature of injury in F | art Lac Pa | et II of item IR) | | 1123 | □ но 🗵 |
| စ္ ^{မွ} | CERTIF | OR CONTRIBUTING | CAUSE OF DEATH | 200. DE3C | KIDE HOW HADAN OCC | Unner | 2. (chier natore of injury in t | Q1110110 | i i di jida ib j | | | |
| # 등 # 등 | 3 | 20c TIME OF INJURY | | 204 (8) | JURY OCCURRED 20 | n DI | ACE OF INJURY (Home, form, | 7205 (54 | v as taural | | C | (State) |
| buri | MEDIC | Hour a.m. | Manth, Doy, Yea | While | Nat while | | tary, street, office bldg., etc. | | y or rown) | (t | County) | (2(0)e) |
| 5 <u>0</u> | ξ | p, m. | 19 | at work | of work | | | 1 | . 67 | | | |
| 2 G | | | | | ed the deceosed fr | | | | 1/20 | | | |
| etache teatth | | saw the decease | ed alive an. 1.7 | na | - 196 5 and th | nat d | leath_occurred ಹೆಬ | M, Trom | the causes | and on the | e dote stat | ed obove |
| ğ ř | | 22a. SIGNATURE | . 1. | | | 0 | ATTENDING ME | 0 | CTAES | | 7.7. /0.0 | 225 DATE 7/60NED |
| 25 | | () | Valla | m ! | I follow | 1 | | D. RECTOR | STAFF PHYS. | | 11/1/ | 7/60 |
| p oc oc | | 22c PHYSICIAN'S NAME (Type) | WILLIAM D. | ATID | | | 22d. ADDRESS 9006 Celesy | rille. | Rd. Si | lver S | กรากส | Md. |
| ž Š Š Š | L | | | ****** | | | 7000 001031 | | mas, or | | bring, | riu e |
| page 3 shauld I | 230 | BURIAL, CREMATION REMOVAL (Spec fy) | N, 236 DATE THEREC | F | 23c NAME OF CEMETE | | | | TION (City, fow) | | | itote) |
| g ÷ | | BURIAL | 11/21/6 | 0 | BURTONSVILL | EU | INION CEMETERY | MC | NTGOMER | Y COUN | IY, MAI | RYLAND |
| | 24. | FUNERAL DIRECTOR'S | SIGNATURE | INO. | SILVER S | PRI | NG MD 250 REC'I | BY REGIS | | GISTRAR'S SIG | | |
| 4) | | Silv. 17.61 | W. 12 3 | chir | - 0127511 0 | 4 4 7 1 | DATE |)4 Z 3 | (| Irilan 1 | Thaite | |
| 3 | | 0 | -:/ | | | | | | | | | |

funeral director, TO HOSPITAL MITERIBING EHYELGIAN. The law equires that the death certificate be executed within 24 hour may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in b.

ter death. Page 4

VR A15 (15M 9/5



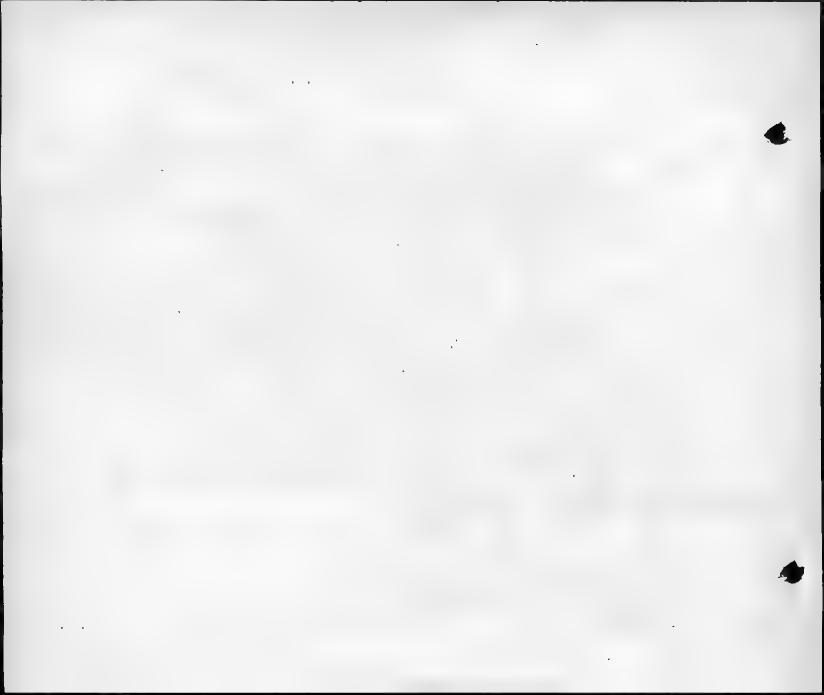
MARYLAND STATE DEPARTMENT OF HEALTH 28 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

外

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, other death. Page 4 by the haspital ar attending physician.

12785

| - 15 | | CERTIFICATE OF DEATH |
|--|----|--|
| Page director | Ī | PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) |
| S ig B | | o county Montgo nery Maryland D.C. |
| M Be gi |)[| b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| 2 2 T | 71 | RURAL ond give negrest town) Bethesda II days Washington |
| hou to | | d NAME OF HOSPITAL (if not in hospito), give street oddress) d STREET ADDRESS e IS RESIDENCE |
| 2000 | | OR INSTITUTION Suburban 2700 Visconsin Avenue, N.W. VES NO |
| in t | TE | NAME OF FOR FORD MINISTER MORE PROPERTY AND THE MORE PROPERTY AND THE MORE PROPERTY AND THE |
| 24 F = 1 F : 1 | | (Type or print) WHATELE R MOTEL DEATH NOW 17 19/ |
| thin dege dead | | S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H |
| d vi letel fter | | Seal MA WIDOWED DIVORCED 11/19/74 Styrs. 11 28 Hours Min |
| cter and | ī | 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12.CITIZEN OF WHAT COUNTRY |
| d cc | | Retired Gov't Employee Claims Dept. Nebraska H.S.A. |
| rban 22 | Vi | 3. FATHER'S MAME 14. MOTHER'S MAIDEN NAME |
| Signature Signat | | Stitt Maria Hanger |
| | | S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT DOLLARS CO. Address Co. |
| Gen re- | | No No |
| ath ndir ny t | F | 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] |
| offe of a plant | | PART I DEATH WAS CAUSED BY Core gartiel flear I hackene But on Beath |
| t the | | DUE TO |
| 1 to | | Conditions, if ony, which) (b) Delegation deal wife telesy 5 who |
| ned mov | | gove rise to immediate DUE TO |
| an. sign | | lying couse lost. (c) |
| S CIU | | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPIERFORMED? |
| phy phy ind individual | | YES NO |
| find the property of the prope | | 206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of dem 18.) OR CONTRIBUTING CAUSE OF DEATH IT EITHER, NOTIFY MEDICAL EXAMINER; |
| Iffice the state of the state o | | |
| r of cent | | 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While NoI while of work of |
| 开 岛港 5 年 | | p. m. 19 of work of work |
| NG State of for prior | | 21. I certify that (I) (this haspital) attended the deceased from. 1/10/ 1960, to 1/1/2/166, 19, that (I) (we) to |
| N Sche H | | sow the deceased give on |
| He He | | 22g GGNATURE 22b DATE SIGN |
| T E S E | | M.D. ATTENDING DIRECTOR STAFF 11/17/60 SIGN |
| nuld bind | | 22c. PHYS CIAN S BOMBANI / M/s / S ADDRESS NAME (Type) BOMBANI / M/s / S ADDRESS |
| RAN Shot Berein | Ŀ | 1 - 1171 U. VIATOI) 1800 - YE 11.11.11-11. |
| HOSI ay be FUNE 3ge 3 | | 23c BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (C ty, town, or county) (Store) Rock Creek Cemetery Washington D. C. |
| O E O STE | 1 | 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS PAGE ADDRESS |
| VR A15 (4) | 1 | Robert A. Pumphrey Bethesda, Maryland DATE NOV 21 '60 Cartley S. Kraul |
| TSM 9/59 | F | DAIR DAIR |



12839 CERTIFICATE OF DEATH

12786 Rea. Dist. No.

| 1 PLACE OF DEATH O'NOTIONETY MARYLAND D'ONTE Maryland D'OUNTY MARYLAND D'ONTE Marylan |
|--|
| RURAL and give negrest town) d NAME OF HOSPITAL (If not in hospital, give street address) or INSTITUTION 3 NAME OF DECEASED (Type or print) Jean H. Oden 5. SEX FIRST Month Dox PES NAME OF DECEASED (Type or print) Dox PES NAME OF DECEASED (Type or print) Dox PES NAME OF DECEASED (Type or print) Dox PES Nonth P. AGE (In years If UNDER LYEAR LY |
| OR INSTITUTION DUPDON 3 NAME OF DECEASED (Type or print) 5. SEX OLD OCLOR OR RACE WIDOWED DIVORCED DIVORCE (Stote or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHATCO |
| (Type or print) Jean H. Oden Sex Sex Sex Sex Sex Sex Sex S |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHATCO during most of working life, even if retired) |
| during most of working life, even if retired) |
| |
| Housewife Own Home Maryland USA |
| 13. FATHER'S NAME |
| Kirby Smith Audrey Getz |
| Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Porter F. Oden-Item. 42. 2 |
| 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). CEREBRAL METASTASES INTERVAL BET ONSET AND (C). |
| Conditions, if any, which gove rise to immediate couse (a), stoting the under- |
| Iying couse lost. (c) |
| |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While of work of twork of work of |
| 21. I certify that I attended the deceased from CCTI, 1960 to NOV, 19, 1960 that I last saw the de |
| alive an NOV 19 19 60, and that death accurred at 600 M, fram the causes and an the date stated |
| ACTUAL SIGNATURE JOHN H. SUONY M.D. 7720 WISC, AVE, BETHESDA, M.D. 11 |
| PHYSICIAN'S John H. Tuoh: 7720 Wis. Ave., Bethesda, Md. |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stote) Burial 11/22/0 Stillikes Church Cem. Redland, Mariland |
| 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE NOV 2 1 '60 A LANGE A THROUGH |

in b funeral director, and 2 shauld be filed with may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached far use as the burial transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, ar regiged, and in any event within 72 hours after death.

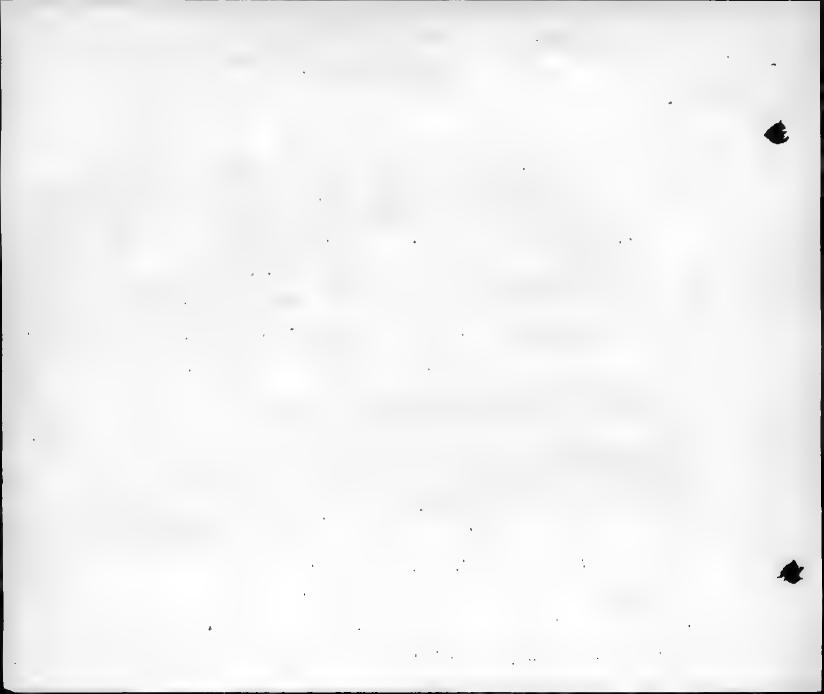
12.50

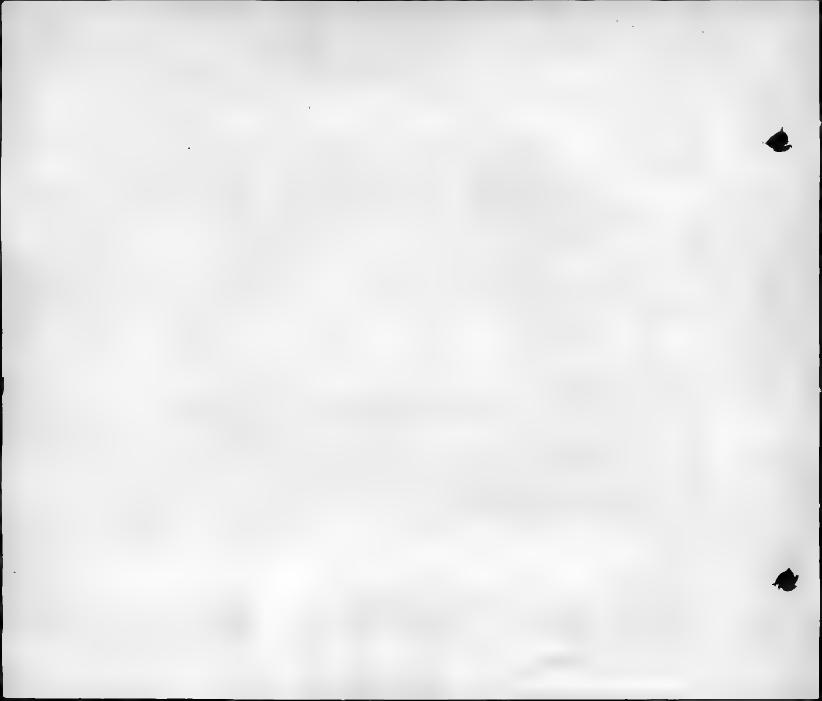
ITINDING ENTIREMY: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL

VS A1S (4) 1SM 9/SB

ofter dmith. Page 4





3 YEARS.

| 1 | 100 | | 12840) | MAR ION OF S | TATISTICAL RESEARCH A CERTIFICA | EPARTMENT O ND RECORDS — BALT TE OF DEATH | F HEALTH IMORE 1, MAR | YLAND | | 127 | 188 |
|--|-------------|---|--|-----------------|---------------------------------|---|----------------------------------|----------------------------|----------------|---------------|-------------------|
| director, filed with | | 1. PLACE OF DEATH a. COUNTY Montgome | ry | | MARYLAND | 2. USUAL RESIDENCE (WO STATE Ohio | here deceased live | d If institution b. COUNTY | n Residence b | efore admiss | ion] |
| E e | | RURAL and give | /- | ts, write | c LENGTH OF STAY IN 16 | c. CITY OR TOWN (If | outside corporate l | imits, write RL | JRAL and give | nearest town |) |
| the fun should | | Be the sda | of TAL (If not in haspital, a | ive street a | 1 yr. | d. STREET ADDRESS | · . | N _a | 4 | e. IS RES | IDENCE FARM? |
| 22.0 | * K | U. S. Na | val Hospital | | | | | | | | NO |
| filted in | ŧ | 3 NAME OF DECEASED (Type or print) | Fin | eph | Vance | OGAN | 4. DATE OF DEATH | Noven | nber | 1 1 | 19 60 |
| Pag Pag | ar de | S. SEX | | | | 11-13-83 | 9. A | st_bisthdoy) | Months Doy | | ER 24 HRS |
| mple pers | of the same | Male | Caucasian | done 10b 1 | DIVORCED 🔼 | | or foreign country | 76 yrs. | II2 CITIZEN | OF WHAT C | OUNTRYS |
| d co | hour | officer | orking life, even if retired | , | U. S. Navy | Ohio | o o torong o ocontr, | , | U.S. | | COLLINA |
| n our | 22 | 13. FATHER'S NAME | | | | 14. MOTHER'S MAIDEN | NAME | | | | |
| sicio Ve co | 4 | Joseph D | | | | Nancy Jan | e HUGGINS | | | | |
| ng phy e remo | event. | Yes | EVER IN U. S. ARMED FOR 1939" | CES7 16 S | | ospital Recor | ds | Addre | ess | | |
| tendi | y l | | DEATH (Enter only one co | _ | | | | | 1!! | NTERVAL BE | TWEEN |
| ine of hen | . <u></u> | PARIT | DEATH WAS CAUSED BY: | | NCHO PNEUM | KONIA | | | | 121 | YRS: |
| 1 ± 1 = 1 | p | Conditions, i | DUE TO | | CINOMA OF | PROSTATA | 5. | | | * V | EAR |
| era in | DAGE | gove rise to | immediate | | CINUDANA OF | 120311116 | | | | | - / / / 3 |
| requon. | 5 | Couse (a), stating the under. Ving couse lost. (c) | | | | | | | | | |
| physici nos beer riol-tron | iofian, o | IN AR | TERIOJCLE | ROSI | S, GENERAL | 12ED | | | EN IN PART 1(o | PERFO | AUTOPSY PRMED? |
| ending ficate t | of, crem | | WAS UNDERLYING A NG CAUSE OF DEATH IFY MEDICAL EXAMINER) | 20b DESC | RIBE HOW INJURY OCCURRE | D (Enter nature of injury in | Port I or Port II of | item 18.) | | | |
| ol or off his cert | to burn | ZOc. TIME OF IN. | 10 | While | Not while of work | ACE OF INJURY (Home, for tory, street, office bldg., et | m, [†] 20f. (City or to | own) | (Coun | (y) | (Stole) |
| Spite frer t d for | prior | 21 I certify | hot 🕮 (this hospital |) attende | ed the deceased from. | Oct. 19 | 59, to No | | 19 60 | | |
| R: A | # | saw the dec | egged olive on NO | v. 1 | 19_60 , and that c | leath occurred at 4A | M, from the | causes on | d on the do | | |
| by 1 | £ 1 | 220 SIGNATURE | . D. Ball | 17 | THE USN | ATTENDING A | AED ST | AFF HYS 🔽 | | 221 11-1-6 | SIGNED |
| D Sed to the sed of th | P P | 22c PHYSICIAN' NAME (Type | | | LT, MC, USN | 22d. ADDRESS | | | | |) <u>U</u> |
| <u>\$</u> \$ } | e e | INAME (Type | EXX.BXXXXXXX | HO DO | XXXII CORXXXIII CXXXII | U. S. Nav | al Hospi | tal, Be | thesda | , Md. | |
| ay be a | Shar | 230. BUR A. CREMA REMOVALISMO Burial-Sni | TION, 235 DATE THEREO | | 23c. NAME OF CEMETERY O | , | 23d LOCATION | | r county) | (Stot | |
| o o | the St | MULTET - 201 | - () // | 200 | Elk Cemet | 1 N 2 | McArt TO BY REGISTRAR | | TRAR'S SIGNA | Ohio | 1 |
| /R A15 (4, 15M 9/59 | 3. | | | 1756 | Penn. Ave., N. | | NON 3 .00 | | Thut S. J | | |
| | | | | | | | | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12841 **CERTIFICATE OF DEATH**

12789 Reg. Dist. No.

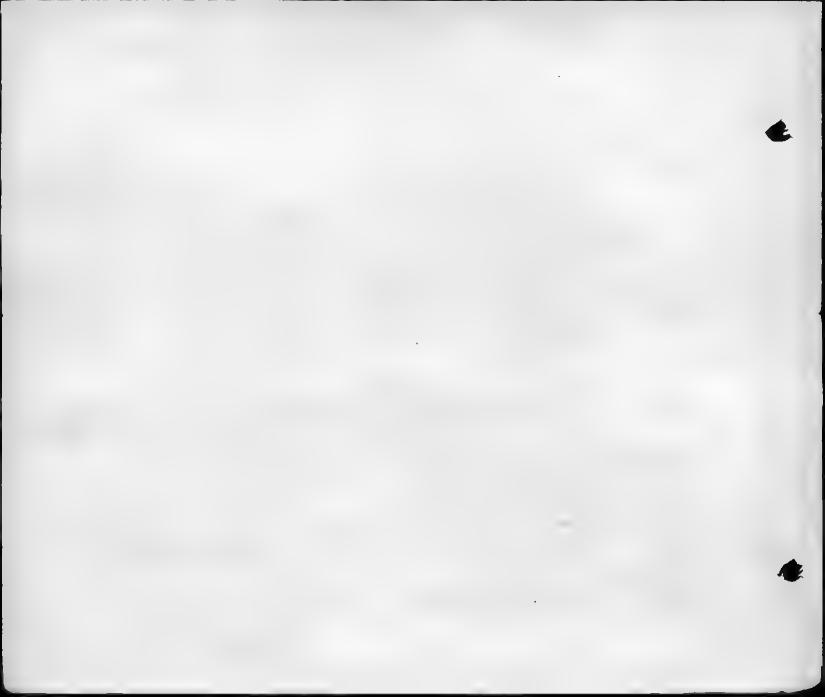
| 1. | PLACE OF DEATH o. COUNTY,4 | | MARYL | AND | 2. USUAL RESIDEN | • | ed lived. If institut | _ | e before adm | ission) |
|---------------------------------|--|-----------------------|----------------------------|---------------|--------------------------|---------------------|-----------------------|--------------|--------------|----------------------|
| | MONTGOME | | | | 14791 | CLIMITIES : | 4. | 179V. | 16801 | 3RY |
| | b. CITY OR TOWN (If outside corp RURAL and give nearest town) | | c. LENGTH OF STAY IN | ч 1Ь | c. CITY OR TOW | N (If outside corp | orate limits, write I | | . ^ | wn 4/1 |
| \vdash | d. NAME OF HOSPITAL (IF not in) | | orldessel | | d STREET ADDR | 14500 | HE WAS | HIALGI | -0N N | ESIDENCE |
| | OR INSTITUTION - | | | | 1000 | 1 | A P | .1/ | ON | A FARM? |
| | | MITARIUS | <u> </u> | | 7045 | YOUGH E | okund. | N M | , YES | NO 🗌 |
| 3. | NAME OF DECEASED | First | Middle | , | Last | 4. DATE | Ma | nth | Day | Year |
| | (Type or print) | te 1 | DETUE | (1 | DEDEN | DEATI | · Nev | | 4 | 1960 |
| S. | SEX 6. COLOR C | OR RACE 7. MARI | RIED NEVER MARRIED | | B. DATE OF BIRTH | | 9. AGE (In years | IF UNDER T | YEAR IF UN | DER 24 HRS. |
| L | + W | WIDOW | | _ 1 | APRIL 13 | 1867 | Jost birthday) | | Days Hou | s Min. |
| 10 | USUAL OCCUPATION (Give kind | of work done 10b. | KIND OF BUSINESS OR | INDUS | TRY 11. BIRTHPLACE | (State or foreign | country) | 12 CITI | ZEN OF WH. | AT COUNTRY? |
| | during most of Working life, even | it tertied) | - | | New | JERS | GY | | 11.5 | 4 |
| 13. | FATHER'S NAME | \ \ \ | | | 14. MOTHER'S MA | | | | | * / |
| Ł | Davis 17 | No Por | | | Do. | 2/4/1 | 5/ 0/ | | | |
| 10 | WAS/DECEASED EVER IN U. S. AR | TIL LOF | COCINI PECUNITU NO | 19 ta | FORMANT | H TUN | all oc | | | |
| | | or dates of service) | SOCIAL SECURITY NO. | 1/5 | | 6. | Add | dress | | 5 . |
| | No - | | | O.C. | N. DAU. D | MODEY | 4845 | 1006 | HB420 | WP No |
| | 18. CAUSE OF DEATH [Enter or | nly one couse per li | ne for (a), (b), and (c).] | 1 | | | | | INTERVAL | |
| П | PART I, DEATH WAS CAU | ISED BY: CAUSE (o) | Finis - Se | 1 Le | whi & | cast ! | ر رو ور د | | ONSET AN | 4 W - |
| | 143 0 | DUE TO | | | | | | - | | 7 |
| | Conditions, if any, which | | Senil | a | | | | | 1 / 2 | 1. 10 |
| | gove rise to immediate | (b) | <u>zumai</u> | Asy. | | | | | - | 7.00 - |
| | cosse (a), stating the under- | DUE TO | | * | | | | | | * |
| _ | lying cause last. | (c) | | | | | | | | |
| Z E Z E Z E Z | PART II. OTHER SIGNIFIC | ANT CONDITIONS | CONTRIBUTING TO DEAT | H BUT | NOT RELATED TO THE | TERMINAL DISEA | SE CONDITION GI | VEN IN PART | 1(o) 19. WA | S AUTOPSY FORMED? |
| | | | | | | | | | |] ио [] |
| CERTIFI | 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O | IG 20b. DES | CRIBE HOW INJURY OC | CURRED | . (Enter noture of inj | ury in Part I or Pa | rt II of item 18.) | | | |
| B | (IF EITHER, NOTIFY MEDICAL EXA | AMINER) | | | | | | | | |
| ¥ | 20c. TIME OF INJURY Month, | Day, Year 20d I | NJURY OCCURRED 2 | Oe. PLA | CE OF INJURY (Home | e, form, 20f. (Ci | y or tawn) | (Cr | ounty) | (State) |
| MED A1 | Hour o.m. | While | | foc | lory, street, office bid | g., etc.) | , | , | ,, | , and any |
| 18 | p. m | IP at wor | rk al work | | | 100 | | | | |
| | 21. I certify that I attend | ded the deceas | ed from May | * | , 196_ 25 , to | NEU | 4 1960 | that I id | ost saw th | e deceased |
| | alive on OCA 30 | 19. | and that o | death | occurred at £ | A. M. fro | m the causes | and on the | e date sta | ited above. |
| | | _ / | . , | | | | Street, city or town, | | | DATE SIGNED |
| | ACTUAL SIGNATURE | P. The | theran | | 19/2 | 2 - 40 | P 11 6 | Sea | 130 | i. |
| Н | SIGNATURE | | 18 | - | 11.0. Kangandada | | ,-6-842 | | L | L |
| | PHYSICIAN'S NAME (Type) GROPE | e R. Hu | ffman | | | | | | | |
| | | | | 2504.00 | | Ten (and | | | | |
| 1" | REMOVAL (Specify) | 1 | 22c. NAME OF CEMET | FKA OL | CKEMATORY | 1 4 1 | ATION (City, town, | or county) | 1 | ate) |
| | NUCRIBL IN | 100. 1960 | | | | 1 | NARK | NEW | JERS | EY |
| 23 | FUNERAL DIRECTOR'S SIGNATURE | 11 | ADDRESS | r 3 | 240 | REC'D BY REGIS | L L | STRAR'S SIGI | NATURE | |
| 11 | INOLA. to JEFAL | WAR INS | 816 HX | N | F RCILIDA | _{te} NOV 7 | ' '60 | arthur | 8 45 | 4 |

TO HOSPITAL TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be refat.

10 FUNERAL 100R: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after pages.

funeral director, lould be filed with

VS A15 (4) 15M 9/55



ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours.

TO HOSPITAL

giter death. Page 4

VR A1S (4) 1SM 9/59

| , | 1. [| PLACE OF DEATH O. COUNTY MOWSUMELY | MARYLAND | 2 USUAL RESIDENCE | (Where deceased ove | d If natitution b. COUNTY | 10 | ore admiss on) |
|-----|---------------|---|----------------|--|------------------------|-------------------------------|-------------------|--|
| } ' | - | | OF STAY IN 16 | CITY OR TOWN | (If outside corporate | limits, write R | URAL and give n | earest town) |
| 1 | 4 | d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION. SO DUY DOWN HOSE INC. | | d. STREET ADDRESS | Dumbart | ou Dr. | Rockville | e. IS RESIDENCE ON A FARM? YES NO [] |
| 2 | | NAME OF DECEASED (Type or print) ReDeca I | Middle | Oliver | 4. DATE OF DEATH | Nov. | 18 | Year 19 60 |
| | 5 \$ | SEX 6 COLOR OR RACE 7. MARRIED NEVI | ER MARRIED D | B. DATE OF PRTH | 9 A | GE (in years ost birthday) | Months Dogs | R IF UNDER 24 HRS Hours Min. |
| | | USUAL OCCUPATION (Give kind of work dank 10b. KIND OF BU during most of working life, even if retired) | SINESS OR INDU | marylo | rud | y) | 12 CITIZEN | S WHAT COUNTRY |
|) | 13. | FATHER'S NAME | | 14. MOTHER'S MAIDE | Hiuso | n | | |
| | 15 Yes | WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECTION, no. or velnown) [If yes, give were or dofus of service] | JRITY NO 17 | Futuer- | | Stee | | |
| | | 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) | dean t | xachea | | | 10 | TERVAL BETWEEN |
| | | Conditions, if drys which gove rise to immediate cause (a), stoling the under- | 1 | chetomy ' | fube_ | | | 2615 |
| | CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION PULL WOUND, COLOR | Cal Mal | 1 | erminal disease co | NOITION GIV | VEN IN PART 1(0) | 19, WAS AUTOPSY PERFORMED? YES Y NO |
| - | | 200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | NJURY OCCURR | ED (Enter nature of injury | in Pari Lor Port La | fitem 18) V | ` | |
| | MEDICAL | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCL Hour a. m. While Not what work of work of work | ile fe | LACE OF INJURY (Home, i octory, street, office bldg, | farm, 20f (City or t | own) | (County | (State |
| | - | 220. S GNATURE Little Citype 22c. PAYSICIAN S NAME (Type) Richard Auld | , and that | M.D PHYS 22d. ADDRESS | MED S | couses or | | that (i) (we) laste stated abave 226 DATE SIGNET 111 Y L W. C. |
|) | 23a | PEMOVAL (Specify) 1 / / | klawn (| OR CREMATORY Cemetery | Rocky | | or county) Maryla | and |
| 7 . | 24 | EXPERIT DIRECTOR'S SIGNATURE ADDRESS CBOTTLE | sda, IM | -1.11-/2 | NOV 2 2 '6 | _ 1 | STRAR'S SIGNAT | |



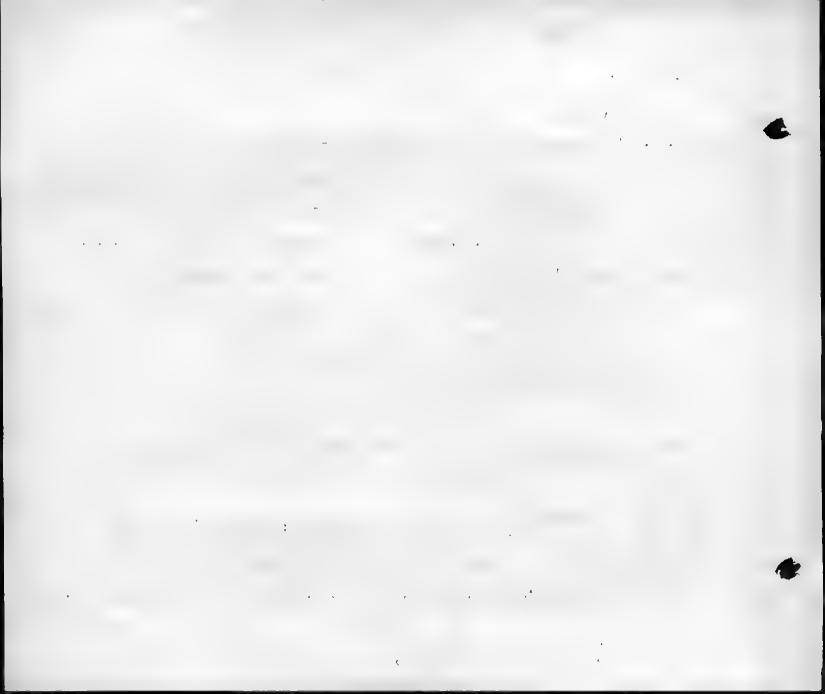
death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VR A15 (4) 15M 9/59

| a. | COUNTY Montgomery | , | | MARYLAN | o a. SIA | residence (rginia | A Mere Gereamer | b. COUNTY | n kengen | e perdie bom | |
|---|---|--------------------------------------|-------------|---------------------------------|-----------------|--|------------------------|-------------------|-------------|--------------|---------------|
| b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 | | | | | b c. CII | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) | | | | | |
| | RURAL and give negrest lown) Bethesda (Rural) 74 days | | | | | Calverton | | | | | |
| | OR INSTITUTION | | | reet address) | d. ST | REET ADDRESS | | 5 | * · Y | ON | A FARM? |
| | U. S. Nava | rT Hosbi | LAI | ···· | <u> </u> | | | • | ** | YES | NO 🔀 |
| - | Type or print) | | First | Middle | 0.1 | ROARK | 4. DATE OF DEATH | Mon | | Day | Year 19 60 |
| 5. SE | * * * | 6. COLOR OR | Ray | Albert | 1 | | PERIN | P. AGE (In years | | LYEAR IF UN | 1 5 |
| | | | | AARRIED NEVER MARRIED [| | | | last birthday) | | Days Hour | |
| | ale | Caucas | | | | 10-01 | | 59 yrs. | 120 5170 | | |
| 100 | during most of worki | N (Give kind at ing life, even if | retired) | 106 KIND OF BUSINESS OR IN | IDUSTRY 11. 8 | | _ | ountry) | | ZEN OF WHA | I COUNTRY? |
| | Mariner | | | U. S. Navy | | Virgin | | | U | .S.A | |
| 13. F | FATHER'S NAME | | | | 14. MO | THER'S MAIDE | NAME | | | | |
| | Joseph Dan | iel O'F | ROARK | | Ma | rgaret | Jane ST | IDHAM | | | |
| 15. \ | | IN U. S. ARME | | 16. SOCIAL SECURITY NO. | 7 INFORMAN | • | | Add | ess | | |
| | Yes | WWI & I | | None | Hospit | al Reco | rds | | | | |
| - | | | | r ine for (a), (b), and (c).] | | | | | | INTERVAL | |
| | | TH WAS CAUSE | D BY. | 1000 W | 24. | Xal | | | | ONSET AN | ID DEATH |
| | 1/00 | IMMEDIATE CA | | - Ly Junear | 5 d - | | 1100 | | | | |
| | 63X DUE TO COLLAR DATE OF THE PROPERTY OF THE | | | | | | | | | | |
| . } | Conditions, if on gave rise to in | n mediate (| (b) | to certify | / CIPO | | CUY | 3- | | y m | 17 CL |
| | couse (a), stating t | | DUE TO | | | J | | | | | |
| , | lying couse last. | , | (c) | | | | | | | | 0 11170 001 |
| CATION | PART II OTH | ER SIGNIFICAN | IT CONDITIO | NS <u>CONTRIBUTING TO DEATH</u> | BUT NOT RELA | TED TO THE TE | RMINAL DISEASI | E CONDITION GIV | 'EN IN PART | PER | FORMED? |
| = | 200 ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of stem 18.) OR CONTRIBUTING (AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | | | | | |
| | 20c TIME OF INJURY | / Manth, Da | y, Yeor 20 | 3d. INJURY OCCURRED 20e | PLACE OF IN | JURY (Hame, h | orm, 20f. (City | ar lowa) | (C | ounty) | (State) |
| MED | Hour o.m. | | | hile Nat while wark at wark | toclary, stree | , office bldg , | etc.) | | | | |
| | | (1) delulacion | | | Anong | + 22 | 1060 10 | Nort li | 106 | O 46-04 /13 | |
| | 21. I certify that (I) thickestical attended the deceased fram August 22 1860, to Nov. 4, 1960, that (I) been last saw, the deceased alive an Nov. 3 1960, and that death accurred at M, from the causes and an the date stated abave | | | | | | | | | | |
| | 220 IONATURE A | ed alive an | TAOA . | and the | at death ac | urred at | M, from | the causes an | d on the | | 225 DATE |
| | 220 TOTALIDRE | 1100 | N | 15 hal | АП | NDING | MED DIRECTOR | STAFF PHYS | | 2.2 | 4-60 |
| | 22c. PHYSICIAN'S | XXXX | - K-N | Janon - | M.D PHY | ADDRESS | DIRECTOR [| PHYS | | 11. | 4-00 |
| | NAME (Type) | | | | | - " | 2 27 | | | 3 - 273 | |
| | | William | n P. B | AKER, LT, MC, | USN U | S,_Ne | NaT Hos | pital, B | etnes | da, Md | * |
| 23a | BURIAL, CREMATION | N, 23b DATE | | 23c. NAME OF CEMETER | | | | TION (City, fown, | or county) | (S | latej |
| | REMOYA (Specify) | 11-8 | -60 | Arlington | Nation | al | Arli | Ington | 1 | Virgin: | ia |
| 24 F | UNERAL DIRECTOR'S | SIGNATURE | utori | ADDRESS | V | B. 25a Ri | C'D BY REGIST | IRAR 25b, REGI | STRAR'S SIG | SNATURE | |
| I, | ves Funera | 1 Home | 2847 | Wilson Blvd., | Arlingt | on, DATE | NOV 7 '8 | 30 a | Thun S. | House | |
| | | | | | | | | | | | |



| - | | | | | | | | | | | |
|-----------|--|---|--|--|-------------------------|---------------------|--|--|--|--|--|
| 1. | PLACE OF DEATH | | MARYLAND | 2. USUAL RESIDENCE (W | | COUNTY | | | | | |
| - | | ntgomery outside corporate limits, w | | Mary Mary | | | ntgomery | | | | |
| | RURAL and give ne | | | Chevy (| | | · · | | | | |
| | d. NAME OF HOSPITA | AL (If not in haspital, give : | street address) | d. STREET ADDRESS | JITAGE | - | e. IS RESIDENCE | | | | |
| | Ropine | ursing Hom | e |) 4214 T | nornapple | Street | ON A FARM? YES NO Z | | | | |
| 3. | NAME OF DECEASED | First | Middle | Lost | 4. DATE OF | Month | Day Year | | | | |
| | (Type or print) | JOSEPH | E | O'TOOLE | DEATH NOV | | 29 19 60 | | | | |
| 1 | SEX | | MARRIED NEVER MARRIED | B. DATE OF BIRTH | last bi | rihday) Manths | TYEAR IF UNDER 24 HRS Days Hours Min. | | | | |
| | dale | 111111111111111111111111111111111111111 | DOWED DIVORCED | | | 9 1 1 | 14 | | | | |
| 100 | during most of work | ing life, even if retired) | 106 KIND OF BUSINESS OR INDU | 1 | | | ZEN OF WHAT COUNTRY | | | | |
| | | y-retired | Law | Delawa | | | US | | | | |
| 13. | FATHER'S NAME | | | 14 MOTHER'S MAIDEN | | | | | | | |
| 1 | | k O'Toole | a la calantalana de la calantalana dela calantalana de la calantalana dela calantalana de la calantala | <u> Ellen I</u> eformant | Riarden | Address | | | | | |
| | | If yes, give war or dates of service | 1 | | | | | | | | |
| | QÎ/O | | | atherine H | . O'Toole | -wife-sa | | | | | |
| | | • | per line far (a), (b), and (c) | 1 0 | | | ONSET AND DEATH | | | | |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cuculator factors Grant Table 1. DEATH WAS CAUSED BY: Grant Table 1. DE | | | | | | | | | | |
| | DUE TO DUE TO DO | | | | | | | | | | |
| | Canditians, if ar | | celebrosse | ly uca | det and | men | - Charles | | | | |
| | cause (a), stating t | | Paralement | <u>-</u> | | | 10 4000 | | | | |
| z | lying couse last | FR CONFICANT CONDITI | ONS CONTRIBUTING TO DEATH BUT | MOT BELATED TO THE TERM | UNAL DISEASE CONDI | TION CIVEN IN PAP | T I(a) 10 WAS ALTOPSY | | | | |
| CATION | rass in Oth | A . AAA . | ONS CONTRIBUTING TO DEATH BUT | NOT REDATED TO THE TERM | MAL DISEASE CONDI | HOIA GIAGIA IIA LYK | PERFORMED? | | | | |
| | 200. ACCIDENT WA | S LINDER VING C 20h | DESCRIBE HOW INJURY OCCURRE | D. (Fater pature of inverse in | Part Lor Port II of ste | m 1R 1 | | | | | |
| L CERTIFI | OR CONTRIBUTING | CAUSE OF DEATH MEDICAL EXAMINER | TOTAL TION HOUSE | | | | | | | | |
| ICAL | 20c TIME OF INJURY | | £ | ACE OF INJURY (Home, for stary, street, office bldg., et | | (< | Caunty) (State | | | | |
| MEDI | p. m. | | While Not while of work of work of work of work | | | | | | | | |
| | 21 I certify tha | t (I) (this haspital) a | ttended the deceased fram | 15 | Co to May | -28 18 | 👱 , that (I) (we) las | | | | |
| | saw the deceas | ed alive an Mon | - 25 19.6% and that c | Jeath accurred at 1 | SM, from the car | uses and an the | e date stated above | | | | |
| | 220 SIGNATURE | -1/01 | | | | | 22b DATE SIGNED | | | | |
| | 111 | Mall | 27 | M D. PHYS. 🔼 Ö | AED STAFF | | 11/29/60 | | | | |
| | 22c. PHYSICIAN'S NAME (Type) | WH | KILLAY | 22d ADDRESS /6 2 2 ; | 2FAIls | · Nd I | Cockull. | | | | |
| 23 | | N 236 DATE THEREOF | 23c NAME OF CEMETERY O | R CREMATORY | 23d LOCATION (Cit | y, tawn, ar county) | (State) | | | | |
| L | REMOVAL (Specify) | 12/3/60 | Rock Creek | Cemetery | Washin | gton. D | . C. | | | | |
| 24. | FUNERAL DIRECTOR | S SIGNATURE | ADDRESS | | D BY REGISTRAR 2 | SE REGISTRAR'S SIG | GNATURE | | | | |
| F | Robert A. | Pumphrey | Bethesda, Mar | vland DATE | DEC 2 '60 | arthur | S. Kraus | | | | |



affer death Page 4

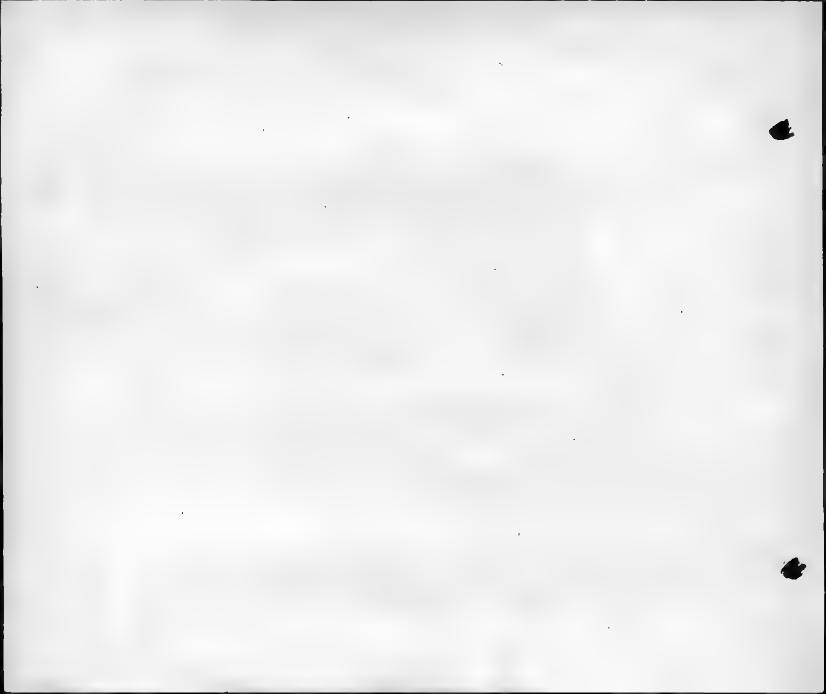
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

may be retain 7 by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the Stale Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs offer death VR A15 (4) 15M 9/59

TO HOSPITAL

| | | | ** | | | |
|----------|---|---------------------------|--|------------------------|--------------------------------------|---|
| 1 | PLACE OF DEATH COUNTY MOVILLANTICVY | MARYLAND | 2 USUAL RESIDENCE (W | | If institution, Residence | before admission) |
| - | b. CITY OR TOWN (if oviside carporate limits, write sugget and give neared town) | c LENGTH OF STAY IN 16 | CHY OR TOWN (IF | outside corporate lui | nits, write RURAL and gi | e nearest town) |
| A | d. NAME OF HOSPITAL (if not in hospito), give street OR INSTITUTION | oddress) | 304 JOHN | fruest [| Prive 1 | on a farm? YES NO (4) |
| | NAME OF DECEASED (Type or print) | (NMN) | Overby | 4. DATE OF DEATH | Nov. | Day Year 9 19 GC |
| 5 ' | Female Cauc WIDOWE | | 8. DATE OF BIRTH | 7 AG | birthday) yrs IF UNDER 1 Months C | YEAR IF UNDER 24 HRS. Days Hours Min |
| 10a | b. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) | KIND OF BUSINESS OR INDU | STRY 11 BIRTHPLACE (Stote | ar foreign country) | 12 CITIZ | S. H. |
| 13 | FATHER'S NAME Jantes Frie | rkd | 14 MOTHER'S MAIDEN | NAME STO | darass | |
| | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give war or dates at service) | SOCIAL SECURITY NO. 17.1 | NFORMANT Mr. F | Treker | West Cher | by- afor |
| | 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY IMMED ATE CAUSE (a) | ne for (a) (b), and (c).) | oral vaseu | lar a zi | leut | MITERVAL BETWEEN |
| | Canditions, if any, which) the | eneralized a | ertorios, leru: | . 4 | - R. 1 | |
| | gave rise to immediate coute (a), stating the <u>under-lying coute last.</u> (c) | | Appendix of the Street Control of the Street | | | |
| CATION | PARY II OTHER SIGNIFICANT CONDITIONS C | ONTRIBUTING TO DEATH BUT | T NOT RELATED TO THE TERM | NINAL DISEASE CON | DITION G VEN IN PART | 1(a) 19 WAS AUTOPSY PERFORMED? YES NO |
| L CERTIF | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE | D (Enter nature of injury in | Part I or Part II of i | tem 18) | |
| MEDICAL | 20c TIME OF INJURY Month, Day Year 20d It While at war. | Not while fo | ACE OF INJURY (Hame, far- ctary, street, affice bldg., et | m 20f (City or tow | (Co | iunty) (State) |
| | 21. I certify that (I) (this hospital) attends sow the deceased alive an NCY, 9 | | ~ /× | | YL 7 1969 auses and on the | L, that (I) (we) last |
| | Bennet G. Vor | ew of the | ATTENDING | AED STA | FF | Nov. 9 / 1/6 |
| | 200 PHYSICIANS NAME (Type) BENNET A. F | Porter, Jr. M. | P. 4301 61 | esville R | J., Silver Spe | ing, Md. |
| 230 | BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) LOURING 11-10-60 | 23c NAME OF CEMETERY C | DR CREMATORY | 23d LOGATION (C | City, town, ar county) BURG - | Mistate) |
| 24 | FUNERAL DIRECTOR'S SIGNATURE | ADDRESS - 3831-6 | PAIDO | ON 1 6 160 | 25b REGISTRAR'S SIGI | NATURE |



21 I certify that I attended the deceased from Marco

alive an

PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION 22b

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

ACTUAL SIGNATURE 12794

Reg. Dist. No.

e IS RESIDENCE ON A FARM? YES | NO TH Manth Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12 CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO D (County) 1960 hat I last saw the deceased A, and that death accurred at 1222 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) (State) 24g REC'D BY REGISTRAR 24b. REGISTRÁR'S SIGNATURE DATE NOV arthur S. House

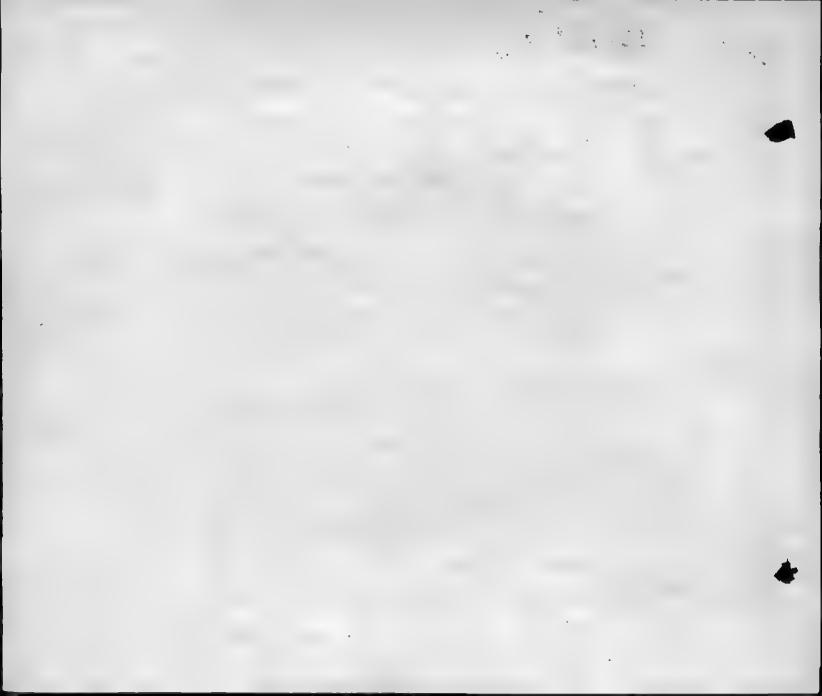
3 shauld may be reo VS A15 (4) 15M 9/58

è

DIRECTOR



ND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) actor, Page our files. III COUNTY. a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limit write RURAL and girls neerest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) your a. IS RESIDENCE ON A FARM? 5 may be retained I. 2 with the State B. NO K 3. NAME OF DECEASED OF (Type or print) DEATH 5. SEX AGE (In yours, IF UNDER 1 YEAR) IF UNDER 24 HRS last birthday) Months Days WIDOWED [DIVORCED VCS. Se 5 10e. USUAL OCCUPATION (G ve kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT permit. no, or unkown), (Ifyes dive were rdates of service) Office along with 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN .5 burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Dug IMMEDIATE CAUSE (a) DUE TO (b) gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)] 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 e the certificate, writing the word cremat Medical NO X should 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) Month, Day, Year (County) (Stata) factory, street, office bidg., etc.] While Not While Hour a.m. at work et work CIOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 📈 ed to Inquiry W. and in my opinion agent, Natural causes Undetermined manner death resulted from. Accident | Suicide Homicide forwarde L DIREC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT Stoschart Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State) REMOVAL (Specify) ₫40 p Burial Arlington 24. RECIBBY REGISTEAR 23 FUNERAL DIRECTOR VS. A15ME Christing S. Flines Bethesda, Maryland Robert A. Pumphrey 5M 7/59



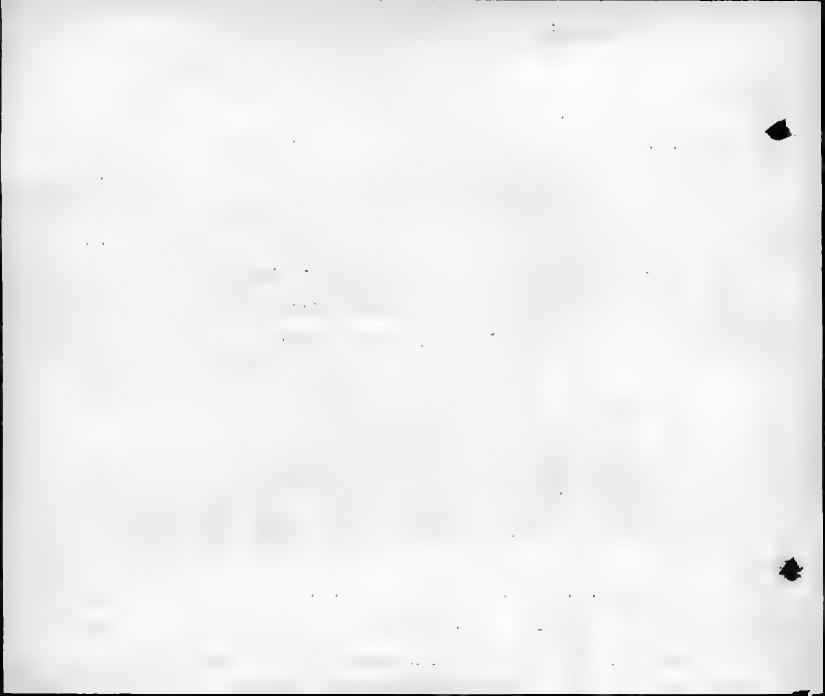
199 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

| 2 | 7 | H | 9 | 0 | |
|----|------------------------|---|---|---|--|
| A. | $p_{i_{\mathrm{lat}}}$ | ů | U | U | |

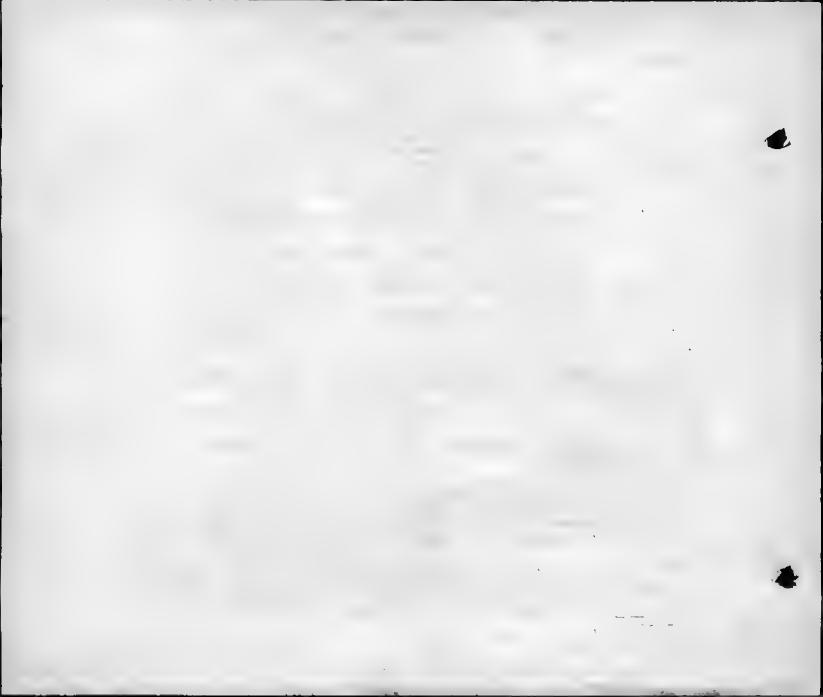
| | ICOTO Item 1 | 7 PURELLA | IE UF DEATH | | | | | | | |
|----|--|----------------------------|--|--|-------------------------------------|--|--|--|--|--|
| | 1 PLACE OF DEATH | | 2. USUAL RESIDENCE (Wh | USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) g. STATE b. COUNTY | | | | | | |
| | o county Montgomery | MARYLAND | Virginia | | | | | | | |
| | b CITY OR TOWN (If autside carporate limits, write | c LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) | | | | | | | |
| | RURAL and give nearest town) Bethesda (Rural) | 147 days | North Arlington | | | | | | | |
| z. | d NAME OF HOSPITAL (If not in hospito), give street of OR INSTITUTION | ddress) | d STREET ADDRESS | * \ | e. IS RESIDENCE ON A FARM? | | | | | |
| | U. S. Naval Hospital | - Property and a second | 4121 33rd R | oad | YES NO NO | | | | | |
| | 3 NAME OF First | Middle | Last | 4. DATE Month | Day Year | | | | | |
| | (Type or print) Mary | Lassiter | PARISEAU | DEATH Novemb | er 24 1960 | | | | | |
| | 5 SEX 6 COLOR OR RACE 7. MARRIE | ED NEVER MARRIED 8 | L DATE OF BIRTH | | UNDER I YEAR IF UNDER 24 HRS | | | | | |
| | Female Caucasian WIDOWED | DIVORCED [| 11-29-18 | 41 yrs | Agnths Doys Hours Min. | | | | | |
| | 10a USUAL OCCUPATION (Give kind of work done 10b, KI during most of working life, even if retired) | IND OF BUSINESS OR INDUST | TRY 11 BIRTHPLACE (State | ar foreign country) | 12. CITIZEN OF WHAT COUNTRY? | | | | | |
| | Housewife - | | Virgini | .a. | U.S.A. | | | | | |
| | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | | | | | | | |
| | Robert R. LASSITER | | Dearborn TR | EVETT | | | | | | |
| | 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SC | OCIAL SECURITY NO. 17. INF | FORMANT | Address | | | | | | |
| | No | (H) | CDR Jos A.R. | Pariseau, USN, | same as #2 above | | | | | |
| | 18. CAUSE OF DEATH [Enter only one cause per line | for (o), (b), and (c).] | | | INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| | PART I. DEATH WAS CAUSED BY: Ca. | rcinoma, breas | t with metasi | tasis | ONSET AND DEATH | | | | | |
| | Due to | | | | | | | | | |
| | Conditions if any which | | | | | | | | | |
| | gave rise to immediate | | | | | | | | | |
| | cause (a), stating the under- | | | | | | | | | |
| b | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY | | | | | | | | | |
| | PERFORMED? YES 🔯 NO 🗍 | | | | | | | | | |
| | PANT II OTHER SIGNIFICANT CONDITIONS CO | RIBE HOW INJURY OCCURRED | . (Enter nature of injury in F | Part I or Port If of Item 18) | | | | | | |
| | | | | | | | | | | |
| | 20c TIME OF INJURY Month, Doy, Year 20d. INJ Hour o. m. While | , 20f (City or town) | (County) (State) | | | | | | | |
| | Hour o. m. p m 19 of work | 1 | | | | | | | | |
| | 21 I contifu that M (this possibil) attended the deceased from JULY I 10 60 to Nov. 24 10 60 that M (wa) last | | | | | | | | | |
| | sow the deceased alive on Nov- 24 1960, and that death accurred at M. from the causes and an the date stated | | | | | | | | | |
| | 22a SIGNATURE | 1// Ond mar de | 22b DATE | | | | | | | |
| | 17,7.192 | Muy " | M.D ATTENDING MED STAFF M 11-25-60 11-2 | | | | | | | |
| | 27c PHYS CIAN S | | 22d ADDRESS | | | | | | | |
| | NAME (Type) D. L. KELLEY, TI | F, MC, USN | U. S. Nava | l Hospital, Bet | hesda, Md. | | | | | |
| | 23a BUR AL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City town or county) (Stote) | | | | | | | | | |
| | Burial 11-29-60 | Arlington Nat | tional Cemete | ry Arlington | Virginia | | | | | |
| | 24 FUNERAL DIRECTOR'S SIGNATURE) MA | ADDRESS | 2So REC'I | D BY REGISTRAR 256 REGISTE | RAR'S SIGNATURE | | | | | |
| | Ives Funeral Home, 2847 Wil | lson Blvd.,Arli | ington, VEDATE | OY 2 8 '60 0 | 1-3-4 | | | | | |
| - | | | | | | | | | | |

KITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours interdeath. Page 4 funeral directar, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a fixed FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a fixed page 3 should be detachad far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shouthe State Board of Health prior to burial, cremation, or remaval, and in any event within 72 hours after death.

TO HOSPITAL VR A15 (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12847 **CERTIFICATE OF DEATH** Rea. Dist. No. E7 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) filed COUNTY **b.** COUNTY MARYLAND MONIDOMPEY MARYLAN eral b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negres) (lown) å RURAL and give regrest town BROOK oLecui MUNIT A d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION 4511 Coles 411 YES T NO X 3. NAME OF Middle Lost 4. DATE Month Day Year DECEASED DEATH (Type or print) OPIN 19 6 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours DIVORCED [7] WIDOWED ! popers. YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during arous of working life even if retired) 111. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 шале WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** catte (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES [7] NOT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work 195 70 that I last saw the deceased 21. I certify that I attended the deceased from. 2/19/20, to and that death occurred of 502 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S OGTE. 0 NAME (Type) FUNER, 220. BURIAL CREMATION. 226. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Ipwn, or county) (State) REMOVAL (Specify) ·M FUNERAL DIRECTOR'S SIGNATURE . **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Cothur & Kenua DATE NOV 1 6 '60 15M 9/55



VS A15 (4)

15M 9/58

C I'un & Tunus

Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY o. STATE b. COUNTY MARYLAND Mohtgomery Marvland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest tawn) (Rural) Seneca Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Suburban Hospital YES T NO NAME OF Middle Lost 4. DATE Month Year DECEASED 1960 Lillian Ada November 13 (Type or print) Peters DEATH 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 5. SEX B DATE OF BIRTH AGE (In years last birthday) IF JINDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED IX DIVORCED [White 84 Female Fel ruary yrs. 10b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Homemaker USA Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Collier Martha Berry 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address (Yes no or unknown) (If yes give war or dates of service) Nephow No None 805 Wade Ave. Rockville Collier 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH RT I DEATH WAS CAUSED BY 6 MALLUS IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? a married to YES NO NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Entershature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, affice bldg., etc.) a. m. Not while of work at work 21. I certify that I attended the deceased from and that death occurred at 12:30 M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S John G. Fawcett · 0 NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 11/16/60 Darnestown Cemetery Darnestown, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR Robert A. Pumphrev Bethesda, Maryland DATE OV 1 5 '60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12849 CERTIFICATE OF DEATH Reg. Dist. No director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY 6 COUNTY MARYLAND Montgomery Ne / York b. CITY OR TOWN (If autside carporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Rural, mockville Bronxville d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 22 Cassilis Ave. Waverley Sanitarium Ξ NAME OF 4. DATE Middle Less Manth filled DECEASED Katherine R. (Type or print) Peugnet DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B DATE OF BIRTH last birthday) Months White Female July 16.1870 WIDOWED DI DIVORCED | ä paper COM 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY; 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) New York City. N. Housewife pup carban 69 offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate Lilla Bryan George B. Robinson maye IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO INFORMANT ding 1B. CAUSE OF DEATH [Enter only one cause per Use for (a), (b), and (c). aften ā PART I. DEATH WAS CAUSED BY: DUE TO ģ Conditions, if any, which (b) gned gave rise to immediate **DUE TO** cause (a), stating the underite has been sig burial-transit p lying cause last. physician PART II. OTHER SIGNIFICANT CONDIT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18) WEDICAL 20c. TIME OF (NJURY Month. 20e, PLACE OF INJURY (Home, farm, 20f, (City or lawn) Day. Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) a. m. While Not while at wark at wark

INTERVAL BETWEEN ONSET AND DEATH TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS WAS AUTOPS PERFORMED? YES NO (County) (State) , 1960 hat I last saw the deceased 21. I certify that I attended the deceased fram (and that death accurred at 200 A.M. from the causes and an the date stated above. alive an ADDRESS (Street, DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22a BURIAL, CREMATION 226 DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Removal 960 Mondleson New York Cemet 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE NOV 1 5 '60 Circles S. Kroue

IS RESIDENCE

ON A FARM?

YES 🔲 NO 🔼

Year

19

Day

Days

death May be retained of the page 3 should be detact page 3 should be detact 9 VS A15 (4) **TSM_P/S8**

registrar

2. . . K. 4. 7. 19

Line " Little Kook . Wall high . war.

225, 11

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700x 13 60

MARYLAND STATE DEPARTMENT OF HEALTH 12692 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| | PLACE OF DEATH O COUNTY | MONTGOMERY | MARYLAND | 2 USUAL RESIDENCE (WIT O. STATE D.C. | nere deceased lived | d If institution: b. COUNTY | Residence befor | e adm-ss on) | | |
|---------------|---|---|---|--|------------------------|--------------------------------|------------------------------|---|--|--|
| | b. CITY OR TOWN (I RURAL and give no STLVER | f autside carporate limits, write carest town SPRING | c. LENGTH OF STAY IN 16 | CITY OR TOWN (IF a | | imits, write RUR | AL and give neo | rest tawn) | | |
| | OR INSTITUTION | AL (If not in haspital, give stree 2009 GRACE CHU | et address) RCH ROAD | 645 G | St., S. | E. | , | IS RESIDENCE ON A FARM? YES NO DE | | |
| | NAME OF DECEASED (Type or print) | FLORENCE | GOLDIE P | FEIFFER | 4. DATE OF DEATH | NOV . | Do 18 | y Year 19 60 | | |
| 5 : | FEMALE | T.TLITT'TO | RRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED | 8 DATE OF BIRTH 1/11/86 | 9. Al | | JNDER 1 YEAR Agniths Days | Haurs Min. | | |
| 10c | | ON (Give kind of work dane 10 king life, even if retired) | b. KIND OF BUSINESS OR INDU | | ar fareign country | | 12, CITIZEN OF | WHAT COUNTRY? | | |
| 13. | JOHN W. T | HOMPSON | | 14. MOTHER'S MAIDEN N | | | | | | |
| | | R IN U. S. ARMED FORCES? (If yes, give wor or dates of service) | | • Louise P. M | cKenna, | | ace Chuz | | | |
| | | mmediate (| Cicate (d. Contractor) | leration / | Ocal Jent d | usio | Spring | RVALET WEEN LET AND DEATH | | |
| TION | couse (a), stating ying cause last. PART II. OTH | (c) | IS CONTRIBUTING TO DEATH BUT | T NOT RELATED TO THE TERM | BNAL DISEASE CO | NDITION GIVEN | IN PART 1(a) | PERFORMED? | | |
| CERT FICATION | | AS UNDERLYING [] 20b. D CAUSE OF DEATH MEDICAL EXAMINER) | ESCRIBE HOW INJURY OCCURRE | ED. (Enter nature of injury in | Part I ar Part II a | fitem 1B) | <u> </u> | YES NO 🔀 | | |
| MEDICAL | 20c. TIME OF INJUR Have a.m p.m | Whi | | ACE OF INJURY (Hame, form ctary, street, affice bldg, etc | | own) | (Caunty) | (State) | | |
| | 21 I certify that (I) (this hospital) attended the deceased from 7/34/1954 to 11/18/, 1960, that (I) (we) last saw the deceased alive an 19/31/1960, and that death accurred a 2000, from the causes and an the date stated above | | | | | | | | | |
| | 22c PHYS C AN S | Dest 3. | and by | | AED ST | TAFF HYS | CO 12 | 226 DATE SIGNED | | |
| | NAME (Type) | Kussc// E | 5 Hrkold M. | ۵. کی | LVIA S | 42-7-14 | h-d. | | | |
| 230 | BURIAL CREMAT C BURIAL (Specify) | 11/22/60 | ARLINGTON NA | DR CREMATORY TIL CEMETERY | ARLING | (City tawn, or TON VII | ** | (State) | | |

ADDRESS SPRING, MD.

11/22/60

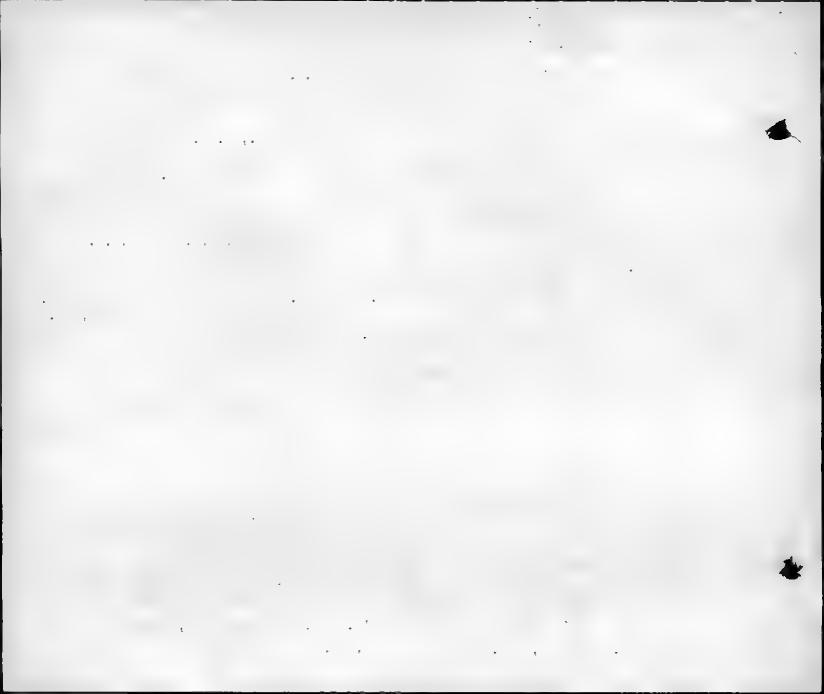
ARLINGTON, VIRGINIA

250 REC'D TEGSTRAGO 256 REGISTRARS SIGNATURE

frer death Page 3 director, in by ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 haurs puo may be retain V. by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remayal, or an expense, within 72 hours after death. TO HOSPITAL

VR A15 (4) 15M 9/5



VR A15 (4)

ISM 9/59

col

PLACE OF DEATH o. COUNTY * STATEDistrict of Columbia Montgomery MARYLAND **ELENGTH OF STAY IN 16** b. CITY OR TOWN (If outside corporate limits, write Bethesda (Rural Days Washington, D. C. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS U.S. Naval Hospital Bethesda Md 5036 Neptune Avenue NAME OF Middle DATE Lost OF DEATH DECFASED Imogene Frances Phelps (Type or print) 9 AGE (In years last birthday) S. SEX 6. COLOR OR RACE 7 MARRIED A NEVER MARRIED B. DATE OF BIRTH Caucasian Female WIDOWED [7] DIVORCED [YES 100 USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Illinoise Housewife 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edma Courson William Doan 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Louis R. Phelps (h) NA NA 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (6) DUE TO DISEASE Conditions, if ony, which fbl gove rise to immediate AND **DUE TO** couse (a), sloting the under-HEPATITIS. SERUM lying couse ost. 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) foctory, street, office bldg., etc.) MEDI Hour o. m While Not while of work of work 1960 21 I certify that (1) (this haspital) attended the deceased fram. 11-2saw the deceased alive on 22° S GNATE ATTENDING STAFF THE MED DIRECTOR [7] M.D 22c PHYS CH 22d. ADDRESS NAME James M. Youhu (MC 23a BUR A., CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY. REMOVAL (Spacify) Burial-Shipment Salem PCHERAL PRECTOR'S S.GNATURE 250. RECIDIBY REGISTRAN

Funeral

Home.

Bethesda. Md.

DATE

2. USUAL RESIDENCE (Where deceased I ved I If institution Residence before admission) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ON A FARM? YES NO A Month Day Yeor 1960 November IF UNDER TYEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA 5036 Normaine Ave Washington, D. C: INTERVAL BETWEEN ONSET AND DEATH 18 Hours Mitral Insufficiency) Years PARK II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES 🄼 NO 🗌 (County) (Stote) 11-11 19 60 that (I) (we) last 11-11-1960, and that death accurred at 545MAN on the causes and an the date stated above. 22b. DATE SIGNED 11-11-60 ... NAVAL HOSPTTAT ESTHESDA MID 23d LOCATION (City, town, or county) (Stote) Illinois 256 REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

128:12

| | 2,01,11,2 | GERTITION | IL OI DEATH | | | | | | | |
|--|--|-----------------------------------|---|-----------------------------------|--|--|--|--|--|--|
| 3, P | LACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased liver o STATE | | e before admission) | | | | | |
| | Montgomery | MARYLAND | Maryland | Monte | omerv | | | | | |
| l: | , CITY OR TOWN (if auts.de corporate limits, write | c LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate I | 17 | | | | | | |
| | RURAL and give nearest tawn) Bethesda | 3 days | Bethesda | | | | | | | |
| (| I. NAME OF HOSPITAL (If not in hospital, give stree | t address) | d. STREET ADDRESS | | . IS RESIDENCE | | | | | |
| | Suburban Hospi | tal | \$130 Old Georgetown | Rd., | VES NO | | | | | |
| | IAME OF First Walte | Middle | | Month ovember | 0 _{ay} Yeor 28 19 60 | | | | | |
| 5 \$ | EX 6. COLOR OR RACE 7. MAI | RRIED 🛣 NEVER MARRIED 🔲 | B. DATE OF BIRTH 9 A | st birthday) | YEAR IF UNDER 24 H | | | | | |
| L | Male White wood | VED DIVORCED | August 21, 1 8 83 | 77 Y's. MORIES | Days Hours Min | | | | | |
| 10a. | USUAL OCCUPATION (Give kind of work done 10 | LIND OF BUSINESS OR INDU | |) 12. CITIZ | EN OF WHAT COUNTS | | | | | |
| | Retired S | chool teacher | Pennsylvania | U.,; | S.A. | | | | | |
| 13 | FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | | Paragraphy Community Commu | | | | | |
| | Patrick Quinn | | Ellen Holmes | | | | | | | |
| 15 | 402 | S. SOCIAL SECURITY NO. 17. IN | IFORMANT | Address | | | | | | |
| | no, or unknown) (If yes, give war or dates of service) | | hn F. Quinn, son | | do have | | | | | |
| _ | No I III | 07207079 00 | ini r. wumin, son | same a: | INTERVAL BETWEEN | | | | | |
| | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. | receivabent in physen | a Hear! Desease | ha | | | | | | |
| CATION | PART II OTHER SIGNIF CANT CONDITIONS | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE CO | NDITION GIVEN IN PART | 1(0) 19 WAS ALTOP PERFORMED? YES NO | | | | | |
| 1 CERT FI | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | | | | |
| MEDICAL | Hour a.m. Whit | En. | ACE OF INJURY IHome, form, 20f. (City or to tory, street, office bldg., etc.) | own) (C | ounty) (Sto | | | | | |
| | 21 I certify that (1) (this hospital) attended the deceased from 9/16/ 1953, to 11/25/ 1960, that (1) (we) lost | | | | | | | | | |
| | sow the deceased alive on | | | | | | | | | |
| sow the deceosed alive on 11/28/1960, and that death occurred of 4/A.M., from the couses and an the dot 20 SIGNATURE M.D. PHYS. DIRECTOR DIRECTOR PHYS. | | | | | | | | | | |
| | 22c. PUNSICIAN'S W. T. JOYCI | S | 8106 Maple Rid | | hesda, M | | | | | |
| 23a Bu | BLR AL, CREMATION, 236 DATE THEREOF FIAT - Tran sit 11-28-0 | 23¢ NAME OF CEMETERY OF St. Rose! | | (City, fown or county) ndale, Per | (State) | | | | | |
| 24 | FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY | Bethesda, | 25g. REC'D BY REGISTRAR | 256 REGISTRAR S SIG | NATURE | | | | | |

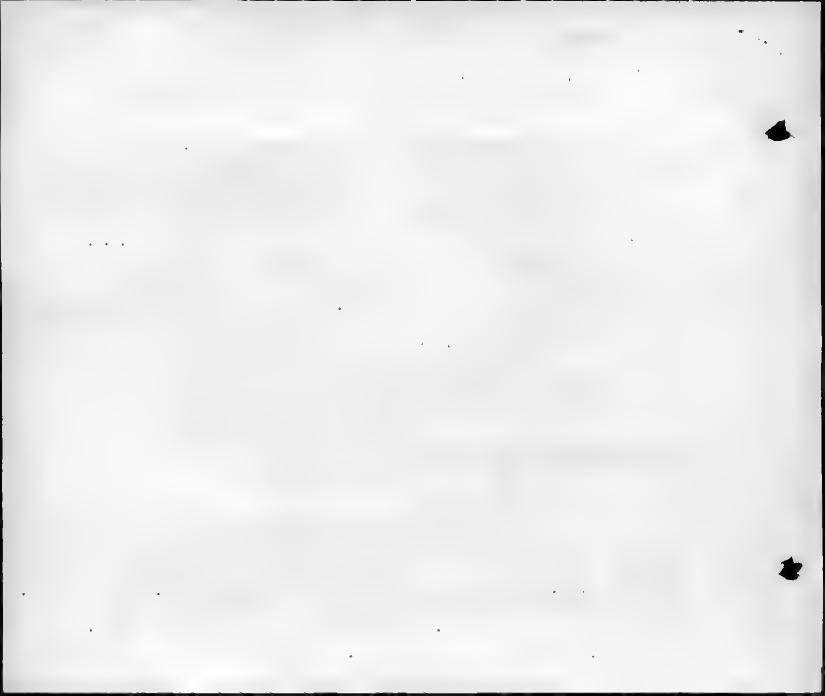
may be retained, the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. STENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours TO HOSPITAL

VR A15 (4) 15M 9/59

or death. Page 4

11



her death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

10010

CEDTIEICATE OF DEATH

12804

(Stote)

| | 16(41) | CERTIFICA | TIE OF DEATH |
|--|--|------------------------------------|---|
| 1. PLACE OF DEA | MONTG OMER Y/ | MARYLAND | 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE MARYLAND MONTGOMERY |
| RURAL ond | OWN (If outside corporate limits, write give nearest town) Y CHASE | c LENGTH OF STAY IN 16 | c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) CHEVY CHASE |
| d NAME OF I | HOSPITAL (If not in hospital, give street MAGNOL IA PARKWAY | address) | # 17 MAGNOLIA PARKWAY. ** 17 MAGNOLIA PARKWAY. ** 15 RESIDENCE ON A FARM? YES NO (3) |
| 3 NAME OF DECEASED (Type or print) | First RALPH | W. R | ICHARDS 4. DATE Month Day Year 1960 |
| MALZ | | | B DATE OF BIRTH 5/30/1879 9. AGE (In years If UNDER I YEAR IF UNDER 24 HRS |
| RET - GEO | UPATION (Give kind of wark dane of warking life, even if retired) DLOG IST | KIND OF BUSINESS OR INDU | ISTRY 11 BIRTHPIACE (State or foreign country) MA I NE USA |
| 13. FATHER'S NA | ME | | 14. MOTHER'S MAIDEN NAME |
| ALBERT | RICHARDS | | LYDIA MeINTIRE |
| 15. WAS DECEAS | ED EVER IN U. S. ARMED FORCES? 16 | | Address MARIE DEB. RICHARDS, SAME AS # 2 |
| PART 4 | DEATH (Enter only one couse per li DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o) DUE TO | ne for (o), (b), and (c)] acute C | oronary Failure ONSET AND DEATH Menute |
| gove rise couse (a), s lying couse | to immediate toting the under (c) | Colora | any Heart Carrott |
| PART OR COLIDE OR COLIDE | II OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT | I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 15 |
| | NT WAS UNDERLYING [] 206 DES UT NG [] CAUSE OF DEATH IOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE | ED (Enter nature of injury in Part 1 or Part 11 of item 18) |
| Q Hour | o m. White | In. | ACE OF INJURY (Home, form 20f. (City or town) (County) (Stote) ctory, streef, office bldg . etc.) |
| | y that (I) (this haspital) attended | | January 1940 to normalizer 6 0 that (1) (we) last death occurred at 2PM, from the causes and on the date stated above |
| 220 S GNAT | nichail m-S | Sant | M.D PHYS MED STAFF 11-28-1960 |
| 22c PHYSICI | | MD. | 22d ADDRESS |

23¢ NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY

ADDRESS PA. AVE., N.W.

23d. LOCATION (City, town, or county)

250 REC'D BY REGISTRAR

SUITLAND, MARYLAND

25b REGISTRAR'S SIGNATURE

* funeral director, may be reported by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and mampletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages I are the State Board of Health prior to burial, cremation, or remayal, and in any event withing 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL VR A1S (4) 15M 9/59

230 BUR AL, CREMATION, BENOVAL (Specify) BUR IAL

DATE THEREOF

12/1



| L | | 12802 | · | CERTI | FIC. | AIE OF DEA | AIH | | | Reg. D | ist. No. | |
|---------------|--|--|--|-----------------------------------|--|---|------------------|---------------|---------------------------|-----------|---------------------|--------------------|
| 1 | PLACE OF DEATH COUNTY Montgomer | ×Y. | | MARY | LAND | 2. USUAL RESIDENC o. STATE Florida | E (Whe | re deceased | b COUNTY | on Reside | nce before odmi | ssion) |
| | b CITY OR TOWN (If outside corporate limits, write RURAL and governed town) Bethesda 8 days Dunedin | | | | | | give nearest lov | (n) , | | | | |
| r | d NAME OF HOSPITA OR INSTITUTION | AL (If not in hospital, g | | address) | | d STREET ADDRE | SS | | | | e IS RE | SIDENCE A FARM? |
| | <u>'he Clinica</u> | <u>l Center,</u> | Beth | esda lu. Mo | l. | 2233 Bay | MOC | d Dri | ve, West | | YES [| NOTOK |
| 3. | NAME OF DECEASED | Fii | st | Middle | | Lost | | 4. DATE OF | Mon | th | Day | Yeor |
| | (Type or print) | Willi | | Warren | | Richards | 3 | DEATH | Novembe | r | 21 | 19 60 |
| 5 | SEX | 6 COLOR OR RACE | 7. MARI | RIED NEVER MARRIE | ED 🔲 | B. DATE OF BIRTH | | | 9. AGE (In years | IF UNDE | R TYEAR IF UNE | |
| | Male | White | WIDOW | ED DIVORCE | ۰ロ | September 1 | .9. | 1897 | last birthdoy) 63 yrs. | Months | Days Hours | Man |
| 10 | di LSUAL OCCUPATIO | IN (Give kind of working life, even if retired | done 10b | KIND OF BUSINESS O | | STRY 11 BIRTHPLACE (| | | ountry) | 12 CI | TIZEN OF WHA | T COUNTRY |
| | Accountant | | ' | (Unknown) | | New | Yor | k | | | U.S.A. | |
| 13 | , FATHER'S NAME | | | | | 14. MOTHER'S MAID | DEN NA | AME | | | | |
| | Frederick | Richards | | | | Marian | Web | be | | | | |
| 15 | . WAS DECEASED EVER | IN U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY NO | , 17, H | NFORMANT | | | Addr | ·ess | | |
| Ľ | Yes | WW I | ervice} | None | T | he Clinical | Ce | nter. | Bethesd | a 11 | Marvla | nd |
| F | 18 CAUSE OF DEA | TH [Enter only one co | use per li | ne for (o), (b), and (c). | | ardiac Arn | | | 20011000 | - X-4 | INTERVAL B | |
| | PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ONSET, AND DEATH HOUT | | | | | | | | | | | |
| | | DUE TO | | eumatic H | eart | Disease, | Ina | ctive | with cal | cifi | c | |
| | Conditions, if on gove rise to in | nmediale | 0.0 | | | | | | | | | |
| | gove rise to immediate cause (a), stating the under thickened tricuspid valve, cardiac hypertrophy Atherosclerosis | | | | | | | | | | | |
| CERTIFICATION | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO [7] | | | | | | | | | | | |
| 1 . | | CAUSE OF DEATH | 20b. DES | CRIBE HOW INJURY OF | CCURRE | D (Enter nature of injur | ry in Po | ort I ar Part | If of item 18.) | | | |
| MEDICAL | 20c. TIME OF INJURY How o. m. p. m. | f Month, Day, Yes | 20d. II While of wor | NJURY OCCURRED Not while at work | 20e. PL/ Foo | ACE OF INJURY IHome, Hory, street, office bldg | form, , etc.) | 20f. (City | or town) | (1 | County) | (State) |
| | | | deceas | ed from Novemb | er. | 13_, 19 <u>60</u> , la | Nov | ember | 21, 19.60 | ,that I | last saw the | deceased |
| | alive an Nave | mber 21 | 12_(| $5\Omega_{-r-}$, and that | death | accurred at 2: | 50A | M, from | the causes a | nd ant | he date stat | ed abave |
| | ACTUAL | Versen P | $\langle \mathcal{D}_{\gamma} \rangle$ | , 2 | | | | | reet, city or town, | - | | |
| | SIGNATURE | enen t | 1100 | core Im | <u>) </u> | Mo. The Cli | nic | al Ce | nter, Be | thesc | ia 14. M | [d |
| | PHYSICIAN'S B | ENSON R. W | ILCOX | M.D. | | Nationa | ı I | nstit | utes of | Healt | h | |
| 22 | BURIAL, CREMATION REMOVAL (Specify) | | | 22c NAME OF CEME | | | 1 | | ION (City Jown, o | | (Sto | |
| 27 | Ruri al | 11/23/6 | 00 | Arlingt | on | | | | Lington | | | |
| 23 | Robert A | Pumpher | ywa | Bethesda, | Ma | ryland DATE | N- | DV 23 | RAP 24b. REGIS | | GNATURE L. TELMA | |

may be retailed by the hospital or attending physician.

10 FUNERAL TXECTOR: After this certificate has been signed by the attending physici page 3 should be detached far use as the burial-transil permit. Then please removes the registrar priar to burial, crematian, ar removal, and in any event within 72 hadren. TO HOSPITAL VS A15 (4) 15M 10/57

ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs

e funeral director, shauld be filed with

ofter death. Page 4



FOR STATE HEALTH DEPT.

Page necessary, please rector. Pag.

If any delay is TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the process of a viring the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the forem 4 should be considered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transity permit. File pages 1 and 2 with the State or its designated agent, prior to burial, are remaral, and in any event within 72 hours after death,

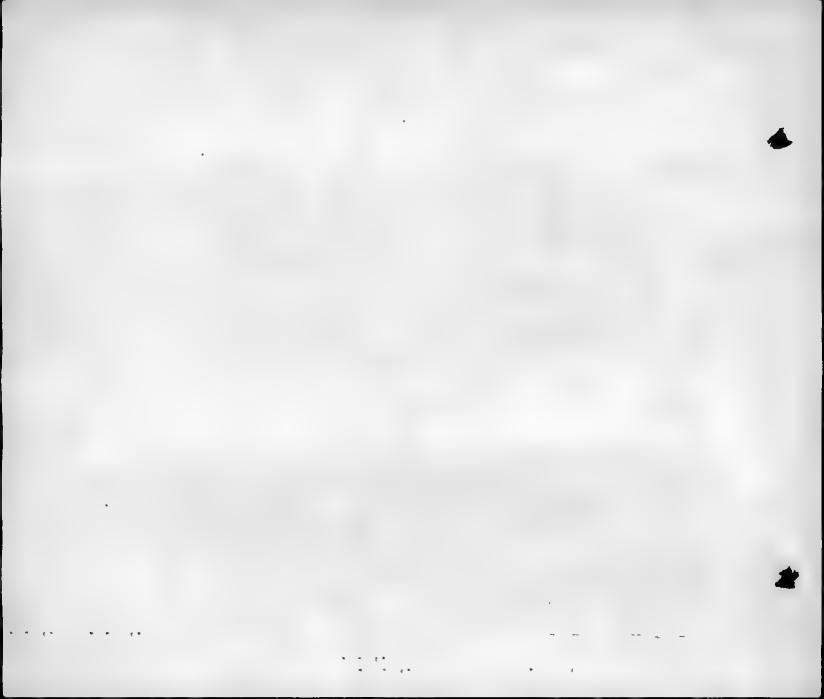
VS A15ME SM 2757

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12853

| 4 | 9 | \bigcirc | | 9 |
|---|---|------------|--|---|
| 1 | 2 | 9 | | 3 |

Reg. Dist. No.

| | I PLACE OF DEATH TERM 3 Film | 1G279 1-25-61 e | 2 USUAL RESIDENCE (Where deceased lived If institut on | Residence before admission) |
|---|--|--|--|--|
| | Montromery Montromery | MARYLAND | o STATE Margrland b county | fontg. |
| | b. CITY OR TOWN III outside corporate Limits, write RURAL and give negreal lawni | C LENGTH OF STAY IN 16 | c CITY OR TOWN (If outside corporate limits, write RLR | AL and give nearest town) |
| | Rethesda | 1 1 hrs | Bethesda | |
| | d NAME OF HOSPITAL OR INSTITUTION (If not in ho | spital, give street address) | d STREET ADDRESS | e is residen " ON A FAPAR? |
| | Suburban Hosp. | Approximately Company Mr. Approximately Comp | 1 6601 Goldsboro Ct. | YES TO NO THE |
| А | 3 NAME OF First DECEASED | Middle | Lost 4 DATE Month | Doy Year |
| | (Type or print) Tessie | Rav B | De a fru | 1960 19 |
| | 5. SEX 6. COLOR OR RACE T MARKI | | | 1960 INDER 14 FRE |
| 1 | widows | ED TO SETONORICED TO B. I | 6/16/10 Ma | onths Doys Hours Min. |
| | 100 USUAL OCCUPATION (Give kind of work done 10b | | | 2 CITIZEN OF WHAT COUNTRY? |
| | during most of working life, even if retired) | | | a citizar di mini codinini |
| J | domestic | | South Carolina | _USA_ |
| | 13. FATHER'S NAME | | 14 MOTHER'S MAIDEN NAME | |
| | Henry Rev | | . Arelia Metts | |
| 1 | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 | SOCIAL SECURITY NO. 17. INI | | - Plate with the control of |
| | for her as annual for her flas wat as south as teached | | 73 - 1 - 1/1- 7 7 | |
| | 18. CAUSE OF DEATH [Enter only one couse per I ne | | Sister Mrs. Frances Davies | INTERVAL BETWEEN ONSET AND DEATH |
| | | , | I I S CIP | in the second se |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMERI | CEREBRAI HEMORI | INAGE | 2 hours |
| J | DUE TO | | | |
| | Conditions, if ony, which (b) RUPI | DRE, LENTICULOS | RIATE ARTERIES, RIGHT | 2 hours |
| | gove rise to immediate couse (a), stating the underlying DUE TO | | | |
| | | RIENSIVE CARDIO | ASCULARRENAL DISEASE | UNKNOWN |
| | PART II, OTHER SIGNIFICANT CONDIT ONS CO | ONTR BUT NG TO DEATH BUT NO | IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I | |
| - | TAY I | , | | YES NO |
| | 20g EXTERNAL CAUSE WAS 206 DESCRIB | E HOW INJURY OF CURRED JEN | er nature of injury in Part I or Part II of item 18) | |
| | E PRIMARY LI or CONTRIBUTING LI | | | |
| | I SI i | pped on floor a | t home & struck head against | cabinet |
| | | n Not white foctor | OF INJURY (Home, form, 201, (City or town) , street, office bldg , atc.) | (County) (Stole) |
| | 2 7 35 x m. 11/19/60, While | e Not white foctor | ome Bethesda M | loneg. Md. |
| | 21. 1 certify that I took charge of the | remains described above | e, held an Autopsy 🛄 , Inspection 🔲 , I | nquiry 🔲, and in my |
| | apinion death resulted from. Natural | couses 🔯 . Accident | , Suicide , Homicide , Undetermi | ned manner |
| | 1 | , _ | | |
| | ACTUAL 10 | Sand Land | M.D. CHIEF MEDICAL EXAMINER | DATE SIGNED |
| | SIGNATURE VECENT = | equi concerca. | ASSISTANT MEDICAL EXAMINER | |
| | Examiner's Frank J. Brosch | ant. | | |
| | | | DEPUTY MEDICAL EXAMINER | 20/60 |
| | 270 BURIA BARAGUSAL 276 DATE THEREOF | 22c. NAME OF CEMETERY OR C | | |
| | HUHIAL 11-23-1960 | Woodlawn Ceme | tery 4611 Benning Rd | ., S.E.Wash., D.C. |
| | 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS Wash. I | C. Z40 REC'D BY REGISTRAR 24b. REGISTRA | R 5 SIGNATURE |
| | MALVAN & SCHEY, INC. | 24 "R" St. N. W | DATE NOV 2 2 '60 Cuith | us S. Mines |
| | The state of the s | | the state of the s | THE RESERVE TO THE RE |



er death. Page 4 uneral directar, filed with

may be retain 1.7 y the haspitat or attending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit parms. Then please remave carban papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or removal, old in any event, within 72 hours after death.

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

VR A15 (4) 15M 9/59

| 1 PLACE OF DEATH | 2 USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) |
|--|--|
| o. COUNTY MARYLAND MARYLAND | o. STATE Md. b. COUNTY Montgomers |
| b. CITY OR TOWN (If outside comparate limits, write RURAL and give neacest toyy) | c CITY OR TOWN (If outside corporate limits, write RURAL and give transit town) |
| Bethesda | 51 Bethesda. |
| d. NAME OF HOSP,TAL (If not in hospital, give street address) | d STREET ADDRESS • IS RESIDENCE ON A FARM? |
| OR INSTITUTION Juburhan | 6724-14/500 Lane YES NO |
| 3 NAME OF First Middle | Lost 4. DATE Month Day Year |
| (Type or print) Harry B. Fo | Tenberger DEATH DON, 23 1960 |
| 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED | B DATE OF BIRTH 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS fost birthdoy) Months Doys Hours Min. |
| male white widowed DIVORCED | 6/12/08 52 10 |
| 100 USJA. OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUS dyring most of working life, even if retired? | STRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? |
| 13 FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Harry Koren herason | Thereist Kennyarthan. |
| | FORMANT Address Address |
| (Yes, no, or unknown) of yes, give wor or dones of service) | Tara No somberger / As Abova. |
| 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: CONFLUENT. | BRONCHIO PNECLUCALA ONE DAU |
| DUE TO | |
| Constition if any, which) the Alea 12 HS/10 BL | ood DISCASE, UNdeterwined 2 months |
| gove rise to immediate QUETO | |
| lying couse lost. | |
| | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY |
| | PERFORMED? YES P NO |
| 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | O (Enter nature of injury in Port I or Port II of Item 18) |
| \$ 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLA | ACE OF INJURY (Home, form, 20f (City or town) (County) (State) |
| 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLA | tory, street, office bldg., etc.) |
| 2) I certify that (1) (this haspital) attended the deceased fram | 195/ to Nov 23 1960 that (1) (m) last |
| saw the deceased alive an New 23 1960, and that d | - All 1 |
| 220 SIGNATURE | edin accorred an 10 M, fram the causes and an the date stated above. |
| But it yes for all miles and it | M.D ATTENDING MED DIRECTOR D PHYS 11/238/60 |
| 22c PHYSICIAN'S NAME Type: Date: | 22d. ADDRESS |
| Name Type DeWITT E. DELAWYER | 8025 Aberdeen Rd. Bellesda. Ind |
| 230 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OF | R CREMATORY 23d LOCATION (City, town, or county) (State) |
| Cremation 11/26/60 Cedar Hill | Crematory Suitland, Maryland |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE |
| Robert A Pumphrey Retherde Mar | NOV 2 S ICO |





MARYLAND-STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

128.5

| | 1. PLACE OF DEATH 9. COUNTY | 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) |
|--------------|--|--|
| | Man / g a m Y D U MARYLAND | o. STATEM & COUNTY Bat frimos |
| 1 | b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) | c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| M. | GLACY 241 Ind | Baltimere |
| and the same | d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION | d. STREET ADDRESS e IS RESIDENCE ON A FARM? |
| | Brooke Grove toundalien | 13 III Flor wood a YE YES NOTE |
| | 3. NAME OF First Middle | Lost / 4. DATE Month Day Year |
| , | (Type or print) Balhnyn - | B DATE OF RIETH 1960 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS |
| | 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED | On 1001 lost birthday) Months Days Hours Min |
| | 100 USUA, OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDU: | 11101/26, 100 |
| | during most of working life, even if retired) | Baltina on and |
| | 13. FATHER'S NAME | 14 MOTHER'S MAIDEN NAME |
| | John Ford | Baseann Miles |
| | | SFORMANT Address Baltamare M. |
| | (Yas, no, or unknown) (if yes, give wor or dates of service) NANE 9 | nadaline Mohison 3520 Lochenno |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)-] | INTERVAL BETWEEN ONSET AND PEATH |
| | PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | hegenermence Loay |
| | DUE TO | |
| | Canditians, if any, which) (b) | free Luk |
| | gove rise to immediate couse (a), stating the under- | the the second |
| | lying couse lost (c) | er Caprillon Ino |
| 7 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT | NOT RELATED TO THE TERMINAL \$15EASE CONDITION GIVEN IN PART 1(6) 19. WAS ALTOPSY PERFORMED? |
| | 20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRE | D. (Enter notize of injury in Port t or Port II of item 18.) |
| | 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] | |
| | | ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) |
| | 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED to the following of the point of the poi | ctory, street, office bldg., etc.) |
| | 21 1 certify that (1) (this haspital) attended the deceased from | 7-7 1859, to 11-16, 1960 that (1) (we) lost |
| | | legth accurred an Danform the couses and on the date stated above |
| 1 | 220 SIGNATURE | 22b DATE |
| | | M.D. PHYS DIRECTOR PHYS D |
| | 22c PHYS CANS NAME (SUPPLE) | 27d ADDRESS - L QL D |
| | 1 10x D 10cr 2011 X M | De Burrontoure Mol |
| | 236 BURIA., CREMATION, 235 DATE THEREOF 236 NAME OF CEMETERY OR BUILDING BALLIMOTE CO | |
| | | |
| | 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS | 25a REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE |
| | CALLY -/) IKA | DATEMENT OF THE |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by funeral directors page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death? er death. Page 4 ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs TO HOSPITAL

VR A15 (4) 15M 9/59



TO HOSPITAL

VR A1S (4) 15M 9/59

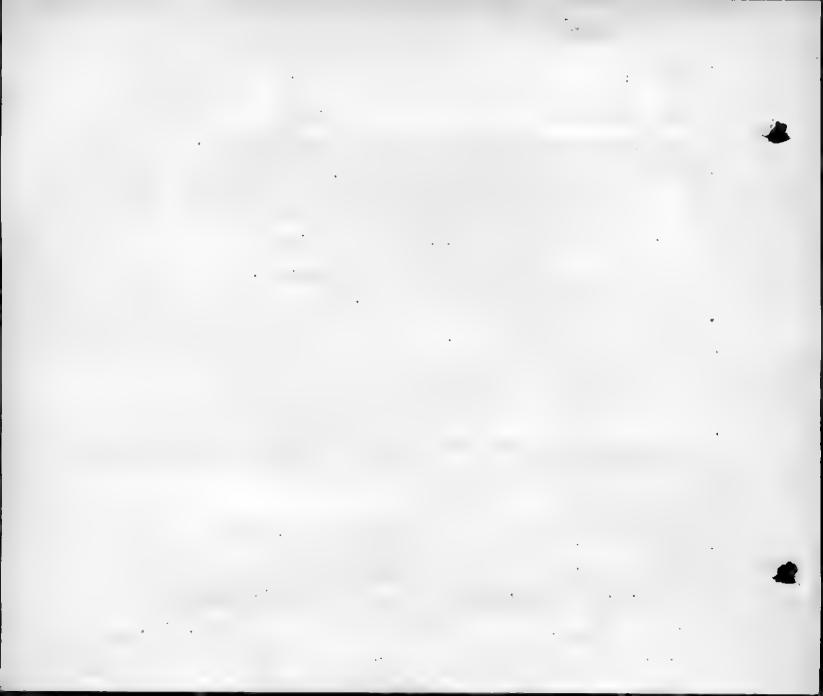
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MARYLAND STATE DEPARTMENT OF HEALTH 12837 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEDTIFICATE OF DEATH

CERTIFICATE OF DEATH

12810

| ai | 1. PLACE OF DEATH MONTGOMERY MARYLAND | | | | | 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o STATE MARYLAND b. COUNTY MONTGOMERY | | | | | | | | | |
|-----------------|--|---|---|-----------------|----------------------|--|------------------|------------------------------------|--------------|------------------|---------|----------|----------------|-------------------|-----------------|
| hospital | b. CITY OR TOWN (If autside corporate simils, write RURAL and give nearest town) | | | | c. LENGTH OF STAY IN | 4 1b | c. CiTY O | OR TOWN (If a | autside carp | orate limits, wi | tie RUF | RAL and | give ned | rest town | n) |
| Sp | | BETHESDA_ | | | DOA | | | HESDA | | | West, | | | | |
| po | | OR INSTITUTION | TAL (If not in hospital, gi | | oddress) | | | T ADDRESS | PAGE | 4 7 7 7 7 | | | | e. IS RES ON A | FARMS |
| 20 | | | C, BETHESDA | , MAI | RYLAND | | 460 | 3 OVER | BROOK | AVE. | | 1 | | YES [| NO 🔼 |
| sed t | 3. NAME OF DECEASED (Type or print) Ella | | May | | CLAIR | 1 | Month | | 24 | , | 1960 | | | | |
| 250 | 5 9 | S E X | 6 COLOR OR RACE | 7. MARR | RIED NEVER MARRIED | | DATE OF B | IRTH | | 9 AGE (In y | ears 1 | | | | ER 24 HRS |
| क भ | F | emale | Caucasian | WIDOWI | ED X DIVORCED | | 10-4 | -80 | | 80 | yrs | Manths | Opys | Hours | Min. |
| rel | 100 | USUAL OCCUPATION DUTING MOST WORK | king life, even if retired) | lone 10b | KIND OF BUSINESS OR | INDÚS | | HPLACE (Stoke | - | country) | | | IZEN OF USA | WHATC | OUNTRY |
| ng. | 13. | FATHER'S NAME | | | W + D = 1 + D | | | R'S MAIDEN | | | | | | | |
| E) | | Lee Joyn | ner | | | | Ma | rgaret | E L | NVA | | | | | |
| Ted | | WAS DECEASED EVE | R IN U. S. ARMED FORG | | | | FORMANT | | | | Addres | \$\$ | | | |
| H | | No | | | UNK | 0 | fficia | 1 Navy | Reco | rds | | | | | |
| Examiner notifi | NO | Conditions, if of gove rise to icause (a), stoting lying cause tost | the under- | Cere | contributing to DEAT | mla | n Ar | terloss | les os | , | amho | | ONS | 9 y | ALTOPSY ALTOPSY |
| cal | ICATIO | | | | | | | | | | | | | | |
| Medical | CERT F | OR CONTRIBUTING | AS UNDERLYING [] G CAUSE OF DEATH MEDICAL EXAMINER) | 20b DES | CRIBE HOW INJURY OCC | CURREC |). (Enter natur | re of injury in | Part I or Pa | ri 11 of item 16 | i.} | | | | |
| Deputy 1 | MEDICA | Hour orm pm | RY Manth, Day, Yea | While of wor | rk at work | fac | lary, street, of | RY (Home, form ffice bldg , etc | 1 | | | | County) | | (State |
| Dep | | 21 I certify that (I) (this haspital) attended the deceased fram. 11-24 19.60, to 11-24, 19.60, that (I) (we) lass saw the deceased glive an 11-24-19.60, and that death accurred at 1:30.44 am the causes and an the date stated above | | | | | | | | | | | | | |
| ος) | | (Island I M O PHYS. B DIRECTOR PHYS III-24-60 | | | | | | | | B DATE S GNEE | | | | | |
| ery | | 22c. PHYSICIAN'S NAME (Type) | DAVIS LT | MC US | SN (/ | | | NH, NNI | 4C, BE | THESDA | , M | ARYL | AND | | |
| Ö | 23a | | N. 236 DATE THEREO | F | 23c NAME OF CEMET | ERY O | CREMATORY | Y | 23d LOCA | ATION (City, to | wn, ar | county) | | (Stat | le) |
| Montgomery | B1 | FUNERAL DIRECTOR | ment 11-24 | rag | Glenwood | L Ce | metery | 2So REC | D BY REGIS | | | RAR'S SI | GNATUI | RE | |
| 124 | | R. A. PUM | PHREY, FUNER | AL/H | | sc./ | | DATE | OV 2 8 | 60 | Cla | lug of | der | | |
| | | | | | DETRESDA, | Ma. | | | | | | | Total | AR. | |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12899

CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution, Residence before admission) . COUNTY o. STATE **b.** COUNTY MARYLAND lantaomeru b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 2 weeks Jashing IS RESIDENCE d NAME OF HOSPITAL if not in hospital, give street address) d STREET ADDRESS OR INSTITUTION ON A FARM? YES 🗍 NO 🕅 ashinoten Sunitarium + 405 4. DATE Middle Lost Year DECEASED DEATH (Type or print) 1960 0 NOVEMBER IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE! AGE (In years MARRIED NEVER MARRIED B. DATE OF BIRTH lost b rihdoy) Months DIVORCED [WIDOWED [100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HW 13 FATHER'S NAME MODIE 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address NO NOW 18. CAUSE OF DEATH [Enfect only one couse per ling-for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse ost ONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY YES NO Z anema 200. ACCIDENT/WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Stote) (County) factory, street, office bldg., etc.) ! KEDI Hour o.m. While Not while at work at work 21 I certify that (I) (this haspital) attended the deceased from 11 - 5 1960 to 11-2 _ 19.69 that (I) (we) last 22o SICHATURE 22b. DATE SIGNED ATTENDING PHYS. 22¢ PHYSICIAN'S 22d ADDRES NAME (Type) 236 BUR AL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d MOCATION (C'ty, town, or county) (Stote) REMOVAL (Specify) KHILLKYL MINI 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURS REC'D BY REGISTRAR DATE NOV 2 9 '60 ariling & Heraux

VR A15 (4) 15M 9/59

TO FUNERAL DITTOR:

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cute the certains the virting the view worded to the Chief Medical FUNERAL DIRECTOR: Page 3 st

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VS. A15ME(5)

5M 9/55



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12750

CERTIFICATE OF DEATH

15815

| 1 PLACE OF DEATH C. COUNTY MONTGOMERY MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. C. (|
|---|--|
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Kensington | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washing to n |
| or institution 10231 Carroll Place Carroll Hall Sanitarium | d street Address 3416 Rittenhouse Street, N. Wres Nor |
| 3. NAME OF First Middle (Type or print) FLLEN B: Sc/ | LOST LOST OF MONTH Day YEAR FRANCE HORN DEATH NO VEMBER 17 1960 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED | B DATE OF BIRTH 9 AGE (In years fost birthday) 10 / yrs. 9 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min |
| 10a USJAŁ OCCUPATION (G ve kind of work done during most of working life, even if retired) At Home | NEWVERSEY 4.5.A. |
| ROBERT BELL | RATHERINE BOYS |
| | ecords at Sanitarium- Same as # 1 |
| 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREFERIOS (LER | OTIL CARDIOVASCULAR DISCASE WEEN ONSET AND DEATH YEARS |
| Conditions, if ony, which (b) | · |
| couse (o), stoting the <u>under-</u> lying couse lost. DUE TO (c) | |
| None | T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO E |
| | ED (Enter nature of in vry in Port I or Part II of item 18) |
| 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED For thour o. m. 19 While of work of work | ACE OF INJURY (Home, form, clary, street, office bldg., etc.) (City or town) (County) (State) |
| 21. I certify that I attended the deceased fram | n accurred at 9:45 PM, from the causes and an the date stated above. |
| ACTUAL SIGNATURE OD Will E. De Facuter | ADDRESS (Street, city or town, stote) DATE SIGNED M.D 8025 ABERDEEN Rd. 11-17-60 |
| PHYSICIAN'S DEWITT E. DELAWTER, IN D. | Betherda 14, Md |
| | or CREMATORY 22d. LOCATION (City town, or county) (Stote) 2n Cemetery Prince Georges County, Md |
| The S.H. Hines Co. 2901 17 that, N. | 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE |

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4.

To may be refaired by the haspital or attending physician.

The attending physician and campletely filled in by the funeral director.

The attending physician and campletely filled in by the funeral director.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

| 1/15/4/4 |
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| |
| THE PERSON NAMED IN |

| | 14593 CERTIFICA | TE OF DEATH | (mag= 4) |
|---------------|--|---|--|
| 7 | PLACE OF DEATH C. COUNTY MONT GOMERY MARYLAND | 2 USUAL RESIDENCE (Where deceased lived If institution: Reco. STATE MARYLAND b COUNTY | PRINCE GEO. |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) SILVER SPRING c. LENGTH OF STAY IN 1b | c. Thy OR TOWN (If outside corporate limits, write RUBAL W. HYATTSVILLE | |
| | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HAVAREST NURSING HOME | d. STREET ADDRESS 6629 23rd PLACE | e. IS RESIDENCE ON A FARM? YES NO |
| | NAME OF DECEASED (Type or print) Emma Maria Elizabeth | Schlenker 4. DATE OF DEATH 11/ | Day Year 17 19 60 |
| | WIDOWED DIVORCED | 4/5/66 lost birthday) Mon | |
| 100 | USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBLE OF WORKING life, even if retired) HOMEMAKER OWN HOME | STRY 11. BIRTHPLACE (State or foreign country) GERMANY | U.S.A. |
| 12. | RIEDRICH WILHELM KRUMM | CATHARINA MARIE CHRISTINE | PLATTHOFF |
| | WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO NO. or NONE (If you give war or dolar of service) NONE | NFORMANT SS Anna A. Schlenker, 6629 23 W. Hyattsville, Ma | rd Pl. |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoling the under: lying couse lost. Output Due TO Conditions (b) Due TO (c) | roclegis | ONSET AND DEATH |
| CERTIFICATION | Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Cerebral Cuttorscleurous | FNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN | PART 1(0) 19, WAS AUTOPS PERFORMED? YES NO |
| | 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ED, (Enter noture of injury in Port I or Port II of item 18.) | |
| MEDICAL | | ACE OF INJURY (Home, farm, 20f. (City or town) actory, street, office bldg., etc.) | (County) (Stat |
| | 220. SIGNATURE | death accurred at ATTENDING MED DIRECTOR STAFF PHYS 22d. ADDRESS | 1960 that (I) (we) to 1 the date stated above 22b DATE 11 18 GNE |
| 23 T | RANS. & BURIAL 11/21/60 MT. WALLASTON | | nty) (Stote) |
| 45 | WHER DECTO PURPHERY, INC. STEVER SPRING | G, MD. 250. REC'D BY REGISTRAR 256 REGISTRAR | 'S SIGNATURE |



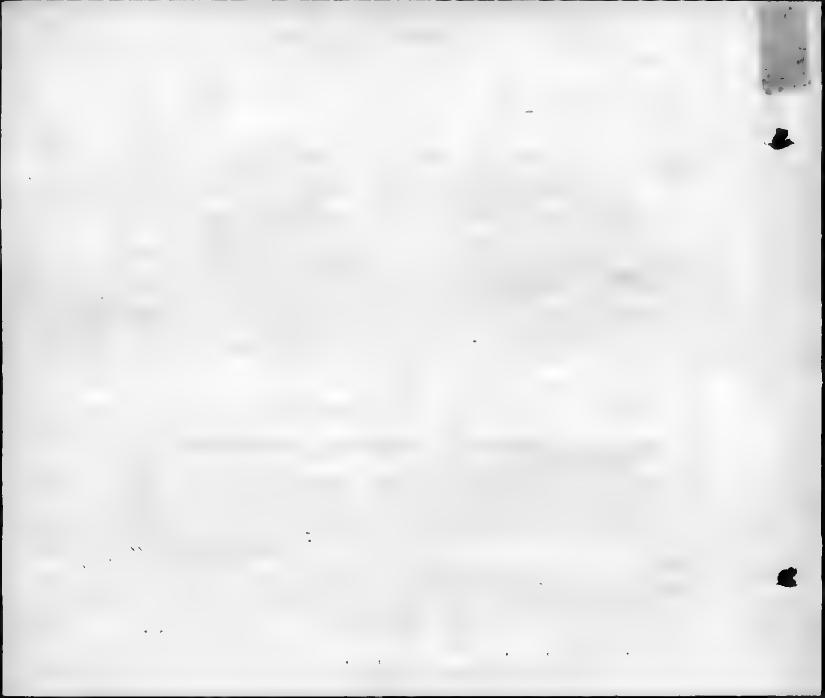
CERTIFICATE OF DEATH

12813

| | _ | | | | | want | 161. 140. | |
|---|---------------|--|---|----------------------------|------------------------|----------------------------------|-----------------------------|----------------------|
| | 3. (| PLACE OF DEATH a COUNTY MARYLAND | 2. USUAL RESI | non | | If institution: Reside | nce before adm | ission) |
| | | b. CITY OR TOWN (If autide corporate limits, write c. LENGTH OF STAY IN 16 BURAL and give nearest town) TAKOMA PARK | c CITY OR | TOWN (IF o | utadie corporate lin | Park | give nearest/la | wn) |
| 1 | | d. NAME OF HOSPITAL (If that in hospital, give street address) 7300 Ba | d street A | DDRESS | elber | L 84 | - ON | A FARM? |
| 1 | | NAME OF DECEASED (Type or print) Anna OLIVIA | enval | 5/ | 4. DATE OF DEATH | nonth | 28 | Year 1960 |
| | 7 | Sex 6. COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED TO | B. DATE OF BIRTI | 5.10 | 879 P. AG | birthdoy) Manths Months | R I YEAR IF UN Days Hour | DER 24 HRS |
| | 10a | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER OWN HOME | USTRY IT BIRTHPL | LU7 | or foreign country) | 1 N. | YES | USA |
| - | 13. | FATHER'S NAME THEODORE | 14. MOTHER'S | | AME | | , | , |
| ı |) | YETER TOPE SENYOHL | ELIZA | SETH | FE.IE | RSON | | |
| |)5. (Yes | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (If you, give war or dates of service) 476-05-7375 | HOWARD | C.C. | HISHOLM | | LBER | |
| + | | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] | 1/- | | 1 | | INTERVAL ONSEZAN | |
| | | PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) | Hema | Mh | age | | 2 | his |
| | | Conditions, if any, which) (b) Ayperten | sion | | 0 | | 2/2 | aw |
| | _ | gave rise to immediate cause (a), storing the under-lying cause last. DUE TO C: C: | lerosi | 2_ | | | ze | ars |
| | CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU | | | | v | PERF | S AUTOPSY FORMED? |
| | | 200. ACCIDENT WAS UNDERLYING A 206. DESCRIBE HOW INJURY OCCURRING TO CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER | ED. (Enter noture o | f énjury in P | ort 1 or Part II of i | tem 18.) | | |
| | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P Hour a. jn. p. m. 19 While of work of work | LACE OF INJURY (in octory, street, office | Home, farm, bldg., etc. | 20f. (City or tax | rn) | (County) | (Stote) |
| 1 | | 21. I certify that I attended the deceased from april 7. 1960, to 1700 28, 1960, that I last saw the decease | | | | | | |
| | | alive on 1200, and that deat | | | | causes and an | | |
| I | | ACTUAL SIGNATURE Philip 6. Sonle M.D. 918 £ 1/5 MOPTH DOLVE | | | | | | |
| | | PHYSICIAN'S Philip E. Jones | S | lve | r Sk | oring | Md | <i>'</i> |
| | 220 | BURIAL CREMATION, 226 DATE THEREOF 226. NAME OF CEMETERY CONTRACTOR STATES OF CEMETERS OF CEMETE | | | 22d. LOCATION (C | rly, tawn, or county) TON , D.C. | (Ste | ote) |
| | 23 | CONTRACTOR'S SILVER SPRING | G, MD. | 240. REC'E | BY REGISTRAR | 24b. REGISTRAR'S SI | | |

TO HOSPITAL OR ATTITUDING PHYSICIAN. The fow Equires that the death certificate lie executed within 21 hours after deaths, Page 4 e funeral director, auld be fuled with may be retained by the haspital or attending physician.

TO FUNERAL PECTOR: After this certificate has Leen signed by the attending physician and camplemy filled in page 3 shauld be detached far use as the buriof-transit permit. Then please remove carban papers. Pages I amithe registrar prior to buriof, cremation, or removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55



KITENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL

VR ATS (4) TSM 9/59

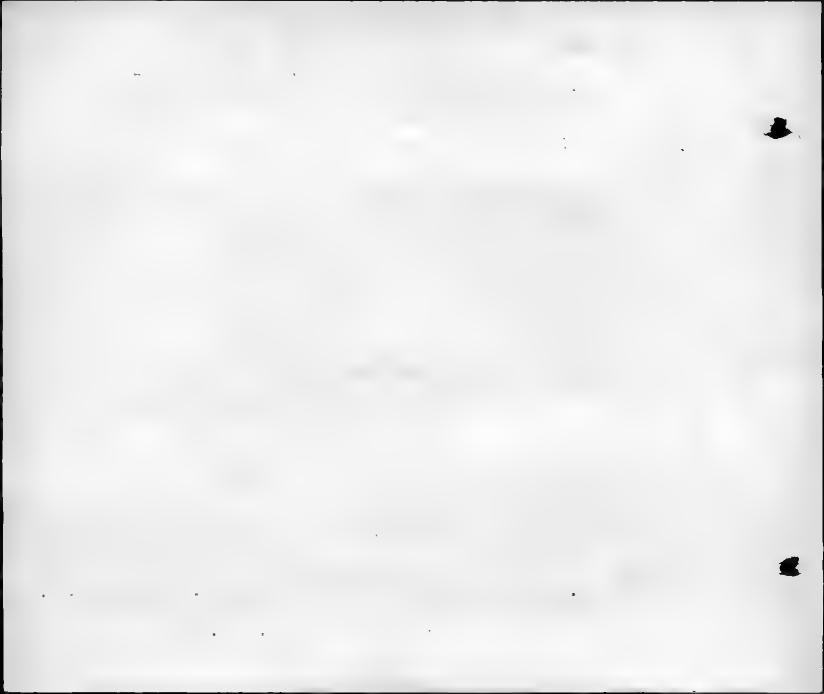
may be retain the hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

funeral director, should be filed with

19721

| PLACE OF DEATH | 2, USUAL RESIDENCE (Where deceased lived If institution Residence | before admission) |
|--|--|-------------------------------------|
| O. COUNTY Montgomery MARYLAND | o. STATE b. COUNTY | Cont. Park |
| B CITY OR TOWN (foutside deporte limits, write c LENGTH OF STAY IN 1b RURAL and give neglect town) Takoma lack 132 hrs. | c CITY OR TOWN (If outside corporate limits, write RURAL and grows to the state of the state of the corporate limits, write RURAL and grows to the state of the s | ve nearest town) |
| d NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION | d. STREET ADDRESS | e IS RESIDENCE ON A FARM? |
| Wachington San & Hospital | 3602 South Vakera HUENE | AEZ HOJE |
| 3. NAME OF DECEASED (Type or print) Edith First amelia | SHAFER 4. DATE OF DEATH // | Day Year |
| S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 | | YEAR IF UNDER 24 HRS Days Hours Min |
| 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | - | EN OF WHATCOUNTRY? |
| Mone To Make | 14 MOTHER'S MAIDEN NAME / | L. A. a. |
| John Buhler | Elizabeth Horner. | |
| (Yes an as assumed) (A see a section of second | FORMANT O Address Records | |
| 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] | | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) | | ONSET AND DEATH |
| 1 + 20 & ODUE TO MANGE () | 2 . 1 7. | · - |
| Conditions, if ony, which gove rise to immediate (b) | - mjaretin | minules |
| couse (o), stoling the under- lying couse lost. DUE TO A S H D C Co | mysture facture | 6 month |
| Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I | NOT RELATED TO THE TERMINAY O SEASE CONDIT ON GIVEN IN PART | 1(a) 19. WAS ALTOPSY PERFORMED? |
| PART II. OTHER SIGNIFICANT CONDIT ONS CONTR BUTING TO DEATH BUT I | | YES NO |
| | (Enter nature of injury in Port (or Part II of item 18) | |
| | CE OF INJURY (Home, form, 20f (City or lown) (Co | ounty) (Stole) |
| | tory street, office bldg , etc) | ,, |
| 2). I certify that (I) (this hospital) attended the deceased fram. | June 1960 to 11/3 1960 | that (I) (we) last |
| saw the deceased alive an 1/13 1960, and that de | eath accurred at 10 AM, from the causes and on the | date stated above |
| 220. SIGNATURE | ATTENDING MED STAFF | 225. DATE 17 /2 SIGNED |
| 22c PHYSICIAN (| 22d ADDRESS | TT/ 3/00 |
| NAME (Mugh W. Irey | 7105 Riggs Road, Hyattsv | ille,Md. |
| 23a BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR REMOVAL (Specify) | CREMATORY 23d LOCATION (City lown, or county) | (Stote) |
| The state of the s | ational Com. Ft. Myer, Va, | ALL TUDE |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 250 REC D BY REGISTRAR 256 REGISTRAR'S SIGN | |
| 11 tot tot a conta will total | NUL DATE HOV 7 '60 author 8 | Frank |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12859

| | 1 PLACE OF DEATH | | 2. USUAL RESIDENCE (Wh | | | ce before admission) |
|----|--|--|----------------------------------|------------------------|------------------------|-------------------------------|
| | o. COUNTY Montgomery | MARYLAND | Florida | Ь | COUNTY Dade | |
| | b. C TY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) | c LENGTH OF STAY IN 16 | c CITY OR TOWN (IF o | utside corporate lim | its, write RURAL and | give negrest town) |
| | Bethesda (Rural) | 96 days | Opa-Locka | | | ナー アメ 人 人 人 |
| | d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION | address) | d. STREET ADDRESS | | - | e. IS RESIDENCE ON A FARM? |
| | U. S. Naval Hospital | | 2821 NW 15 | 4th Terra | ce | YES 🔲 NO 🔀 |
| | 3 NAME OF Pirst DECEASED | Middle | Last | 4 DATE OF | Month | Day Year |
| | (Type or print) Harold | Cleaves_ | SHAW | DEATH | November | 18 19 60 |
| | S. SEX 6. COLOR OR RACE 7. MARI | RIED 🔯 NEVER MARRIED 🔲 | B DATE OF BIRTH | 9 AGE | | 1 YEAR IF UNDER 24 HRS |
| | Male Caucasian wipow | ED DIVORCED | 10-9-86 | | 4 yrs Months | Days Hours Min |
| | 10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) | KIND OF BUSINESS OR INDUS | STRY 11, BIRTHPLACE (Stote | or foreign country) | 12 CITI | ZEN OF WHAT COUNTRY |
| | Officer | U. S. Navy | Maine | | Į | J.S.A. |
| | 13. FATHER'S NAME | 0. 2. 1.0. | 14. MOTHER'S MAIDEN N | IAME | | |
| | Charles SHAW | | Alma PREST | ON | | |
| | 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. | SOCIAL SECURITY NO 17 IN | IFORMANT | | Address | |
| | Yes (If yes, give wor or dates of service) | Но | spital Record | s | | |
| 1 | 18. CAUSE OF DEATH [Enter only one couse per l | ne for (a), (b), and (c).] | | | | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: | · marcha aca | in Challen | inale 1 | with. | ONSET AND DEATH |
| | IMMEDIATE CAUSE (6) | avenagen | Le Culano | and c | war. | |
| | DUE TO | - lead - | ta do a | | | 6 7 |
| | Conditions if any, which (b) (b) | umai min | arres | | | Conomi |
| | couse (a), stating the under: | | | | | |
| | lying cause last. (c) | | | · | | |
| | PART I. OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE CONE | DITION G VEN IN PAR | PERFORMED? |
| | § | | | | | YES 🔀 NO 🗌 |
| | 206 ACCIDENT WAS UNDERLYING 206. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRED | D. (Enter noture of injury in I | Part I or Part 11 of d | rem 16) | |
| | 3 20c TIME OF INJURY Month, Day, Year 20d. I | | ACE OF INJURY (Home, form | | n) (1 | County) (State |
| | 20c TIME OF INJURY Month, Day, Year 20d. I Hour a. m. 19 of war | _ 1401 WILLIE | tary, street, office bldg., etc. | -) [| | |
| | | | Anguet Ill | 60. to_Nov | . 18 196 | 0 1 1 1 1 1 1 1 1 1 |
| | 21 certify that (1) (this haspital) attend | ded the deceased tram | leath accurred at | 60 to Nov. | . 190 | 00, that (1) (we) las |
| | saw the deceased alive an NOV - 15 | 219 <u>00</u> , and that d | leath accurred at | M, fram the c | auses and an the | e date stated above |
| | 220 SIGNATURE OFM 1/2. | 0/ | ATTENDING MI | ED _ STA | FF _ | SIGNED |
| | 22c PHYSICIAN S AT. M. WOUNG T | | M D PHYS DI | RECTOR PHY | s <u>k</u> | 11-19-60 |
| | 22c PHYSICIAN S J. M. WUNG, I | / / - | | 7 77 71 | 7 75 73 . | 2 267 |
| 3. | / governous | EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | U, S. Nav | ar Hosbit | al, Bethes | da, Md. |
| | 23g BURIAL CREMATION) 23b. DATE THEREOF | 23c NAME OF CEMETERY O | | _ | Lity, town, or county) | |
| - | crema/27000 11-21-60 | Cedar Hills | | Suitlan | | Maryland |
| 4 | 24 SONE BAL OUT CTOR & SIGNATURE 14 11 | ADDRESS | 25a. REC' | D BY REGISTRAR | 256 REGISTRAR'S SI | GNATURE |
| | R. A. Pumphrey Funeral Ho | me, Bethesda, | Md. DATE | DY 2 8 '60 | arthur f | House |

pher death. Page 4 e funeral director, may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in both of functor of fines page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed the State Board of Health prior to burial, cremotian, or remayal, and in any event, within 72 hours after death ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours,

TO HOSPITAL

VR A15 (4) 15M 9/59

Mary 1



Derwood

Danasous. Md.

ADDRESS

12816

e. IS RESIDENCE

30

ON A FARM?

YES NO

Year

1960

12 CITIZEN OF WHAT COUNTRY? USA R. Shaw. Gaithersburg. NTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO NO (County) (Stote) Nov.30 196 Othor I lost sow the deceased ADDRESS (Street, city or town, state) 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) Derwood 24b. REGISTRAR'S SIGNATURE 24n REC'D BY REGISTRAR O Thur & though DATE DEC 5

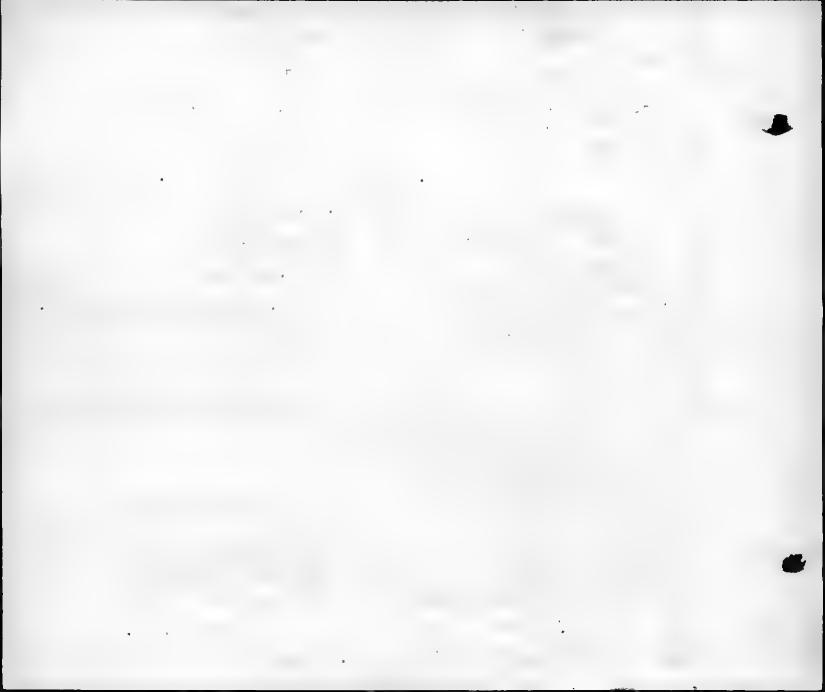
o VS A15 (4) 15M 9/5B

page

220. BURIAL CREMATION, 225 DATE THEREOF

BUNEAU DIRECTOR'S SIGNATURE

Dec



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 12739 CERTIFICATE OF DEATH with l director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o STATE **6 COUNTY** MARYLAND unerol Id be fi CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN IIf outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) TAKEMA TARK
d NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? WINCOLN YES NO DA 310 LINCOLN 1 ond 2. 4. DATE NAME OF Middle Frest Lost Month Day Yeor DECEASED OF DEATH (Type or print) death NOVEMBER 1960 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years lost birthday) 5 SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH completely Months Days WIDOWED | DIVORCED [papers. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11 BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? рио pou 13. FATHER'S NAME physician b гетоме S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT attending please 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO á Conditions, If ony, which gned (b) gave rise to immediate per DUE TO couse (a), stating the underlying couse lost. burial-tronsit PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT. CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY cremation, PERFORMED? has YES NO 12 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of I tem 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour о т. While Not while of work of work p. m 196 O that (I) (we) last ased fram 1960, ta 1960, that (I) (we) last and that death accurred at 390, fram the causes and an the date stated above 21 1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an DIRECT. 220 SIGNIATUR DATE ģ SIGNED ATTENDING PHYS. STAFF PHYS MD DIRECTOR [22c PHYSICIAN'S 22d ADDRESS NAME (Type) FUNERAL 230 BUR A. CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR **OREMATORY** 23d, LOCAT ON (City, town or county) REMOVA, (Specify) 0 24. FUNERAL DIRECTOR'S & GNATURE **ADDRESS** 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR Cothur S. Kraus VR A15 (4) 15M 9/59



IS RESIDENCE

ON A FARM?

YES NO TO

Year

Hours

ONSET AND DEATH

PERFORMED? YES IN NO A

(Stote)

S GNED

(Stote)

U.S.A.

Days

19 60

TO FUNERAL VR A15 (4) 15M 9/59

DIRECTOR:

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filled

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F

ding

affen

remove

buriol-transit ng physen seen seen s

cremation,

MONTGOMERY COUNTY, MARYLAND 25b REGISTRAR'S SIGNATURE

DATE '60

NOV 9

Cally & House

(County)



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12694

CERTIFICATE OF DEATH

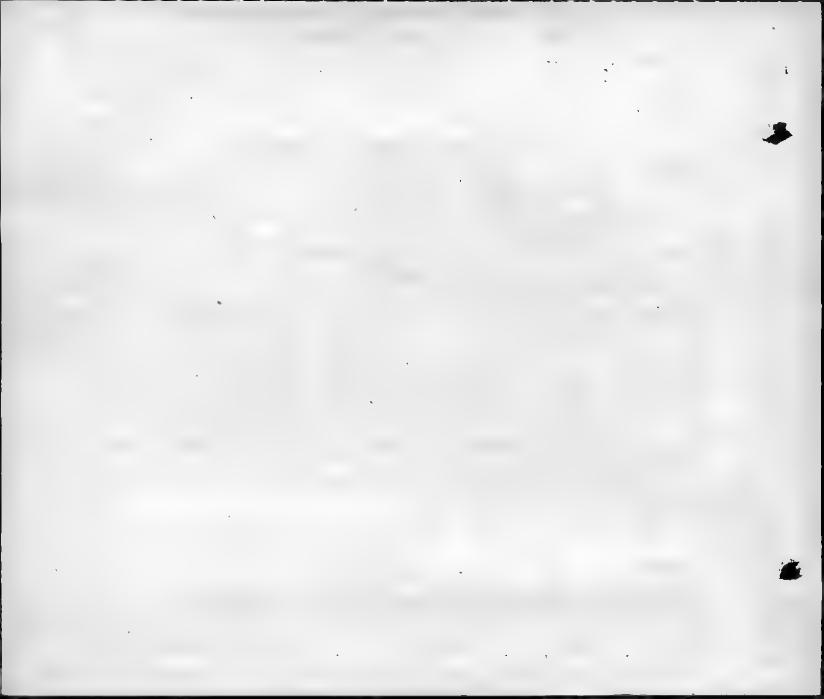
12819

| | + | 0.00 | | | | Reg. Dis | t. No. |
|--------------------|---|------------------------------------|--|--|--------------------------------------|---------------------------------------|---|
| 1 PLA a C | CE OF DEATH | pontgo | mery MARYLAN | IL a STATE as | ENCE (Where deceated In | ed If institution Residence to COUNTY | ce before admission) |
| 8 | LITY OR TOWN (If our | side corporate limits, s | write EJENGTH OF STAY IN | . //:/ | WN (If privide corporde | limits, write RURAL and o | ive netrest town) |
| d h | NAME OF HOSPITAL (FOR INSTITUTION 7 | not in hospital force 12 LANARK V | street address) VAY | d STREET AL | Conorb | way | IS RESIDENCE ON A FARM? YES NO |
| DEC | ME OF EASED Se or print) | ohn | Hilliard | Shout- | LO DATE OF DEATH | nov. | Day Year 1960 |
| , SEX | male ? | 115 | MARRIED NEVER MARRIED | - // | 13.1866 | | TYEAR IF UNDER 24 HR. |
| 0o U: | SUAL OCCUPATION (Caring post of working) | ire, even it retired) | 106 KIND OF BUSINESS OR II | NDUSTRY 11 BIRTHPLA | CE (State or foreign count | and 2 citi | ZEN OF WHAT COUNT |
| 3. FA1 | THER'S NAME | 72 7 | Fenton Enga | 14. MOTHER'S | maiden name of | y H | elle. |
| | AS DECEASED EVER IN pr unknown) If year | U S. ARMED FORCES | | INFORMANT COMPANY | 19. Jal. | Address 9 | with the |
| 18. | PART I DEATH V | VAS CAUSED BY: | per line for (a), (b), and (c).) | ona (u | P. | f. | INTERVAL BETWEEN ONSET AND DEATH |
| | 434, Tonditions, if any, | AEDIATE CAUSE (a) DUE TO | Poma est. | in Chr | of in- | 7-:6.0 | nenda |
| g | ave rise to imme ause (a), stating the y ying cause last. | diate (Sur To | Pnen | noneo | · | /ween | 6 day |
| | رخر | enility | ONS CONTRIBUTING TO DEATH | BUT NOT RELATED TO | THE TERMINAL DISEASE CO | ONDITION GIVEN IN PART | 1(a) 19 WAS AUTOPSY PERFORMED? YES NO |
| OF (IF | O. ACCIDENT WAS UN R CONTRIBUTING [] C EITHER, NOTIFY MED | AUSE OF DEATH! | DESCRIBE HOW INJURY OCCU | JRRED. (Enter nature of | injury in Part I or Part II o | of item 18.) | |
| 200 | Hour a. n. | 10. | 20d. INJURY OCCURRED 20d While Not while of work at work | b. PLACE OF INJURY (H foctory, street, office | ome, form, 20f. (City or bldg, etc.) | town) (C | ounty) (State |
| | - L V | attended the de | eceased from Mov. | 4 1960 | ta // 10 | 7 , 1960,that I is | ost saw the deceas |
| AC | TUAL PONATURE | lulip | Cone | M.D. 91 | | ne causes and an th | Date stated about PATE SIGN |
| PH N/ | TYSICIAN'S AME (Type) | hille | E. Sane | 3 Bil | ver Spr | ing Ma | |
| 20. BU RE BU | JRIAL, CREMATION, 2 EMOVAL (Specify) RTAL | 25. date/jhereof 11/12/60 | 22c. NAME OF CEMETER PARKLAWN | | 22d. LOCATION MONT GC | | (Stote) MARYT AND |
| TEN. | VERAL DIRECTOR'S SIG | NATURE Y IN | | | 246 REC'D BY REGISTRAR | | |

TO HOSPITAL TENDING PHYSICIAN: The law requires that the Teath certificate be executed within 21 haurs after death. Tage 4 may be retained to the haspital or attending physician.

TO FUNERAL DESCRIPTION: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and a gould be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12820

CERTIFICATE OF DEATH

| | | 2.000.02 | | | | keg. Dist. No. |
|----|---------------|---|--|---|---|---|
| | 1 (| PLACE OF DEATH COUNTY Mont gome ry | MARYLAND | 2. USUAL RESIDENCE (When o. STATE | re deceased lived. If institution b COUNTY | Residence before admission) |
| | | CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town) | c LENGTH OF STAY IN 16 | E. CITY OR TOWN (IF our Washing to | side corporate limits, write RUF \mathbf{n} , \mathbf{D} , \mathbf{C} , | RAL and give nearest town) |
| |) | d NAME OF HOSPITAL TO 23 TYPIC AT FOR Carroll Hall Sanitar | rrisplace ium | d. STREET ADDRESS 1423 Madi | son Street, | N . W . S RES DENCE ON A FARM? YES □ NO 🔼 |
| | | NAME OF DECEASED (Type or print) # ECTOR | G. Middle S | PAULding | 4. DATE Month OF DEATH | Day Year 4 19 60 |
| | | male white widow | ED 🔁 DIVORCED 🗌 | 8/2/1879 | (ost birthdoy) / 81 yrs | FUNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min. |
| | 10a | USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) etired-Professor of | KIND OF BUSINESS OR INDU | versity Nort | foreign country) O h Dakota | 12. CITIZEN OF WHAT COUNTRY? |
| | | FATHER'S NAME John Henry Spaulding | | Lucretia | a Galloway | |
| | | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (In oo, or unknown) [If yes, give wer or dates of service] | | ohn Spauldir | ng_14315 Ches | tnut Street Maryland |
| | | IB. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if only which gove rise to immediate cause (o), stating the under. lying cause ast | ne for (o), (b), and (c).] Ly The lens of | fritinand | Cerivours | INTERVAL BETWEEN ONSET AND DEATH |
| | CERT FICATION | PART IT. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) | CONTRIBUTING TO DEATH BUT | 6 111 12 | , , , , , , , , , , , , , , , , , , , | N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO |
| | MEDICAL C | 20c. TIME OF INJURY Month, Day, Year 20d. I Have a. m. While | f = | ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) | 20f. (City or town) | (County) (State) |
| | | 21. I certify that I attended the deceasalive on 19. | sed fram. LEG & F. | | | an the date stated above. |
| | | ACTUAL SIGNATURE COLLECTE & C. | - jehr 16 4. | Mo CC'ASHIN | DDRESS (Street, city or town, st | ote) DATE SIGNED |
| | *** | PHYSICIAN'S EDUCE TO LUCE | 16-43 BLOC | U. r.St. | 1. Sich it | 1.1. |
| 9, | 770 | BUR A. CREMATION, 226 DATE THEREOF REMOVAL (Specify) 11/9/1960 | Fort Lincol | n Crematory | nd. location (City, town, or Prince Geor | 0 1 363 |
| í | 23. | FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | | BY REGISTRAR 24b. REGIST | RAR'S SIGNATURE |
| 1 | | be 1. 21 Plines Co | 2901 147 | St N.W. DATE NO | 160 CM | China S. TERRIA |

death. Page 4 directar file. funeral TO HOSPITAL CATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registrace agos to burial, are mayol, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12861 CERTIFICATE OF DEATH

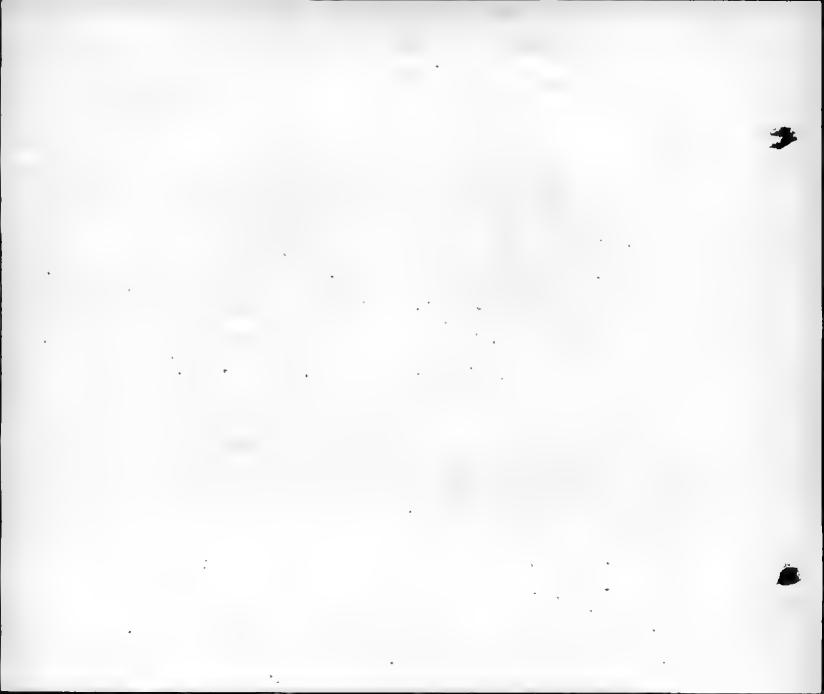
Reg. Dist. No. 12821

| | 1, PLACE OF DEATH 6, COUNTY | | • | 2. USUAL RESIDENCE (W | | | te before admission) |
|-----|---|--|----------------------------|---|---------------------------|-----------------------|---|
|) L | JOHN COLL | ΝY | MARYLAND | MARYL | AND | COUNTY MOI! | TGO.4ERY |
| | b CITY OR TOWN (if outside co RURAL and give nearest town | | E LENGTH OF STAY IN 16 | c CITY OR TOWN (IF | · · | ts, write RURAL and g | jive nearest town) |
| - | d. NAME OF HOSPITAL (IF not i | haveital aire street | 2 days | d. STREET ADDRESS | VLR S. HIJG | | e. IS RESIDENCE |
| | OR INSTITUTION | r nospiroi, give street | dodressj | d. SIREET ADDRESS | | | ON A FARM? |
| 1 | <u>SÜBÜha</u> | | | <u> </u> | stwood Ave | | YES NO 💽 |
| | 3. NAME OF DECEASED | First | Middle | Lost | 4. DATE OF | Month | Day Year |
| ļ. | (Type or print) J _{J1} | | L JPM | | DEATH | W. | 20 19 60 |
| 1 | 5 SEX 6. COLO | OR RACE 7 MARR | RIED NEVER MARRIED | B. DATE OF BIRTH | 9. AGE | | 1 YEAR IF UNDER 24 HRS Days Hours Min. |
| | Male I | nite WIDOWI | ED DIVORCED | 11/8/87 | 73 | yrs. | |
| П | USUAL OCCUPATION (Give keeping most of working life, ev | nd of work done 10b. en if retired) | KIND OF BUSINESS OR INDI | ISTRY 11. BIRTHPLACE (Stot | e or foreign country) | 12.CITI2 | ZEN OF WHAT COUNTRY? |
| L | Retired Cea | 7 1 | | Viva | 3/2012 | - 6 | L.J.H |
| 1 | 13. FATHER'S NAME | 3 | | 14 MOTHER'S MAIDEN | NAME | | |
| 1 | John | 2711 | ruge. | 7/12001 | y gnes | Thom. | 05000 |
| | 15. WAS DECEASED EVER IN U. S | ARMED EORCES? 16. | SOCIAL SECURITY NO. | INFORMANT. | // | Address | Track Z.5 |
| | -no - | 2 | 36-10-8110 | Lonal W, | DE OUL | 50-/ | Above |
| ľ | 18. CAUSE OF DEATH [Enter | only one couse per li | ne for (o), (b), and (c).] | 1 0 | [] | 0 | INTERVAL BETWEEN |
| 1 | PART I. DEATH WAS C | AUSED BY: | an 1161 8031 | beccel -F | OMASKI | 10000 | ONSET AND DEATH |
| | 4518 | DUE TO | 1 Charles | | | | |
| -1 | Conditions, if ony, which |) (b) [4 | Ature duri | sun of Ar | Texis Come | surcoline belo | Lukaon |
| - | gove rise to immediate | DUE TO | 1000 | | | 7 | 7 |
| | lying couse lost. | (c) | | V | | | |
| 1 | PART II. OTHER SIGNIF | | ONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERM | MINALD SEASE COND | TION GIVEN IN PART | 1(a) 19 WAS AUTOPSY |
| | I CATE | - | | | | | PERFORMED? YES NO |
| | PART II. OTHER SIGNIF 200 ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL I | OF DEATH EXAMINER] | CRIBE HOW INJURY OCCURR | ED (Enter nature of Injury If | n Port I or Port II of th | em 18) | |
| 1 | 20c. TIME OF INJURY Month, Haur o.m. | | | LACE OF INJURY (Home, for scrory, street, office bldg., e | | n) (C | ounty) (State) |
| | ₹ p. m | 19 White of wor | k ot work | , | | | |
| | 21. I certify that I offe | nded the deceas | ed from / \10 1/ 1 | 8 . 196 O . to | NOV 20 | 196- Othor I In | st saw the deceased |
| 1 | olive on NOV | 20, 196 | | h accurred at 2115F | | | |
| | | |) | | ADDRESS (Street, cit | | DATE SIGNED |
| | SIGNATURE COLUT | al a 12 | elmon | M.D. 1060 | RU GE | ORG-14 1 | 4 VE. |
| | PHYSICIAN'S EDU | MARD / | 4. BEEM | AN 5'-1 | LER S. | 7835 | MI |
| f | 270 BUR AL, CREMATION, 226 D | ATE THEREOF | 22c NAME OF CEMETERY | OR CREMATORY | 22d LOCATION (C | ity, town, or county) | (Stote) |
| 3 | Burial Nov | 23, 1960 | Ft Lincoln | Cemetery | Colmar M | lanor Md. | |
| | 23. FUNERAL DIRECTOR'S SIGNATU | RE | ADDRESS | | | 24b. REGISTRAR'S SIC | SNATURE |
| | Gasch's Se | ons Hyati | tsville, Md. | DATE | XOV 2 8 '60 | Clithun & | House |

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 having for death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remayerable pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after beath. VS A15 (4) 15M 9/58

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Sumaled

1SM 9/59



ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

deoth. Poge 4

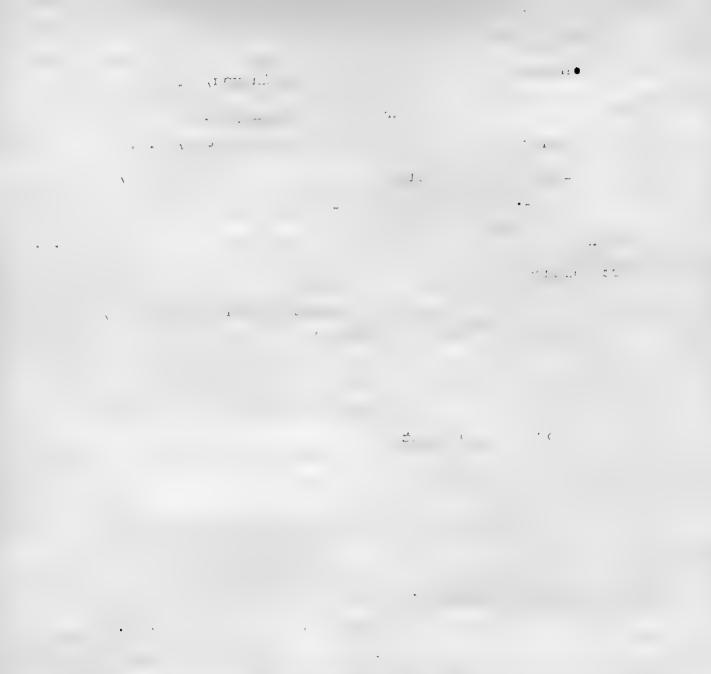
| | 12696 | CERTIFICATI | E OF DEATH | | |
|----------|---|----------------------------------|---|---|---|
| 1. | PLACE OF DEATH O. COUNTY MONTGOMER | MARYLAND 3 | USUAL RESIDENCE (Where deceased | b COUNTY MON | before admission) |
| | b CITY OR TOWN (If autside corporate im'ts, write c RURAL and one nearest town) SPRING | LENGTH OF STAY IN 16 | CCITY OR TOWN (If autside corpora | SPRING | e negrest town) |
| | d. NAME OF HOSPITA. (If not in haspita, give street add OR (NSTITUTON) | De. | 1904-HIGHLAN | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. | NAME OF DECEASED (Type or print) | Middle | TEINBERC- 4. DATE DEATH | Month | Doy Year |
| 5. | SEX 6 COLOR OF BACE 7. MARRIED WIDOWED) | / | DATE OF BIRTH 2-15-1893 | 9 AGE (In years IF UNDER I last britishay) Months D | YEAR IF UNDER 24 HRS Poys Hours Min |
| 10 | d USUAL OCCUPATION (Give kind of work done 10b. KIN during most of yopking life, even if retired) | D OF BUSINESS OR INDUSTR | 11 BIRTHPOCE (State or foreign co | untry) 12 CITIZE | 2.5.4. |
| 13. | FATHER'S NAME UNKNOWN | | 14. MOTHER'S MAIDEN NAME | - CUNKNO | ww) |
| | (MAS DECLASED EVER IN U.S. ARMED FORCES? 16 SOlder, no or unknown) (If yes, give wor or defer of service) | - A | FRED STEINBER | eg 904 159 | Bland DR |
| | 18. CAUSE OF DEATH [Enter only one cause per line f PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) | or (0), (b), and (c)-) CREBRA | L THROMI | 2,206 | INTERVAL BETWEEN ONSET AND DEATH |
| | Conditions, if any, which gave rise to immediate cause (a), stating the under- | CCRUBRAL | ARTER, OFF | LEROSIS | YEARS |
| Z | lying couse last.) (c) | TRIBUTING TO DEATH BY T N | OT BE ATER TO THE TERMINIAL DISEASE | COND TON C VENT NI BART | TOTAL WAS AUTORS |
| ICATIO | PART II OTHER SIGNIFICANT CONDITIONS CON | R1492MAT.C | HEART DISCASE | E HAMI DUIGH | PERFORMED? |
| L CERTIF | 200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | E HOW INJURY OCCURRED | (Enter nature of injury in Part I or Part | Il of item 18) | 8 |
| MED CAI | | Not while foctor | F OF INJURY (Hame, form, 20f (City ry, street, office bldg., etc.) | ar town) (Co | ounty) (Stote |
| | 21 I certify that (I) (this haspital) attended | A . | AUG 27, 1960, 10 | MJV 15, 1960 | |
| | saw the deceased alive an 11/11/22 SIGNATURE | HOROGE M. | ATTENDING MED DIRECTOR | STAFF PHYS | 22b. DATE SIGNE |
| | 22c PHYSICIAN'S NAME (Type) M 3 RT3 N | H ROSE | 22d. ADDRESS | YE ST WW | CHRW |

NATL MEM. TA ADDRESS 4217-9 Lee 23d LOCATION (City, town, or county) DATE THEREOF 230 R. RIAL, CREMATION, (State) 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR arthur S. Kinus



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12862 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH rector. Per vour files. 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) Mentgomery a COUNTY b. COUNTY WREATHRESH, MARYLAND b. CITY OR TOWN (floutside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Foulside corporate limits, write RURA, and give necrest lown) write RURAL and give neerest town) Olney 2 minutes Washington Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street address) d. STREET ADDRESS IS RES DENCE ON A FARM? 733 Otis Place, N.W. be retained the State Baffer death. Montgomery General YES TONOX and 3 to the fune 3. NAME OF Middle 4. DATE DECEASED (Type or print) Frances Sterling DEATH "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 11 "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 11 xaminer's Office along with form PM3. Page 5 may be a used as a burial-transit permit. File pages 1 and 2 with the used as a burial-transit permit. File pages 1 and 2 with the used as a burial-transit permit. File pages 1 and 2 with the used as a burial-transit permit. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5 SEX 19. AGE (In years | IF UNDER 1 YEAR ' IF UNDER 24 HRS. lest birthday) 5/28/17 Months i 43vm. WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 B RTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired; Virginia Housewife U.S.A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Albert Fortune Unknown This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or detasol service) Doratha Evans Item_#2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Sudden Coronary Occlusion PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) Examiner's (geve rise lo immediale cause **DUE TO** (a), stelling the underlying causa lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati History of hypertention YES NO X 200. EXTERNAL CAUSE WAS 205. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of flem 18., PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, * 20f. (City or town) (County) (Stella) factory, street, office bldg., etc.) Not While Hour n.m. et work at work 21. I certify that I took charge of the remains described above, held en Autopsy 🗍. Inspection X Inquiry X. and in my opinion Natural causes X Accident Suicide Homicide. Undetermined manner death resulted from-CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 57 11/7/60 DEPUTY EXAMINER'S rank 7. NAME (Type) Broschart Address (Streat, city, fown, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) (Stele) REMOVAL (Specify) Lincoln Memorial.. ੜੂ 4.0 b Suitland, Md. 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S S CNATURE 23. EUNERAL DIRECTOR VS. A15ME Rockville, Md. DATE NOV 1 4 '60 arthur S. Krous 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 12863 CERTIFICATE OF DEATH

12825

| | LACE OF DEATH COUNTY COUNTY, MARYLAND | 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY |
|-----------|--|---|
| | C LENGTH OF STAY IN 16 RURAL and give nearest town) Bethesia | . c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) . Washington |
| ·- | A. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Resmor Sanitarium and Hospital | 5863 Chevy Chase Parkway, N.W. SESDENCE ON A FARM? |
| | NAME OF SECENSED SECRET STORE OF PRINTS OF STORE STORE | 4. DATE Month Day Year DEATH NOVEMBER 9 19 60 |
| 5 5 | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 Tomale White Widowed A DIVORCED 1 | B. DATE OF BIRTH May 28, 1883 9. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS Ost birthday) Months Days Haurs Min |
| | LSUAL OCCUPATION (Give kind of work done during most of work ng life, even if retired) Retired Secretary | Fitchburg, Mass. U.S.A. |
| 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| <u> </u> | Frank P. Johnson | Elizabeth Freeman |
| | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 III NO 01 Unknown) III year, gave wor or dollar of service) 018 01 4651 | hospital records |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] | INTERVAL BETWEEN ONSET AND DEATH |
| | MARTI DEATH WAS CAUSED BY AD END CARCINOM | |
| | 3 DUE TO | |
| | Conditions, if ony, which (b) | |
| | gove rise to immediate DUE TO | |
| _ | lying cause last. (c) | |
| CATION | | T NOT RELAYED TO THE TERMINAL DISEASE COND TION G VEN IN PART 1(0) PERFORMED? YES NO [|
| L CERTIFI | 206 ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ED (Enter nature of injury in Part I ar Part II of item 18) |
| MEDICAL | | LACE OF INJURY (Hame, farm, 20f (City or town) (County) (State actory, street, office bldg , etc.) |
| | | AUG 23, 1960 . ta NOV, 9, 1960 , that (1) (we) last death accurred at 32, M, from the causes and an the date stated above |
| | 270 SIGNATURE LEO M. Curtis | M.D PHYS MED STAFF 225. DATE SIGNED PHYS 1/9/60 |
| | 22c PHYS CIAN S NAME (Type) Dr. Leo Curtis | 8218 WISCENSIN AVE, BETHESDA MD |
| 23a | REMOVAL (Specify) 236 DATE THEREOF 236 NAME OF CEMETERY C | TILL TICKSUM (State) |
| 74 | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 250 REC'D BY REGISTRAR 256 REGISTRAR'S S GNATURE |
| KV L | Ul Haloton Jens 10610 CUX III | W. LUC DATENDY 1 4 60 in A & Kname |

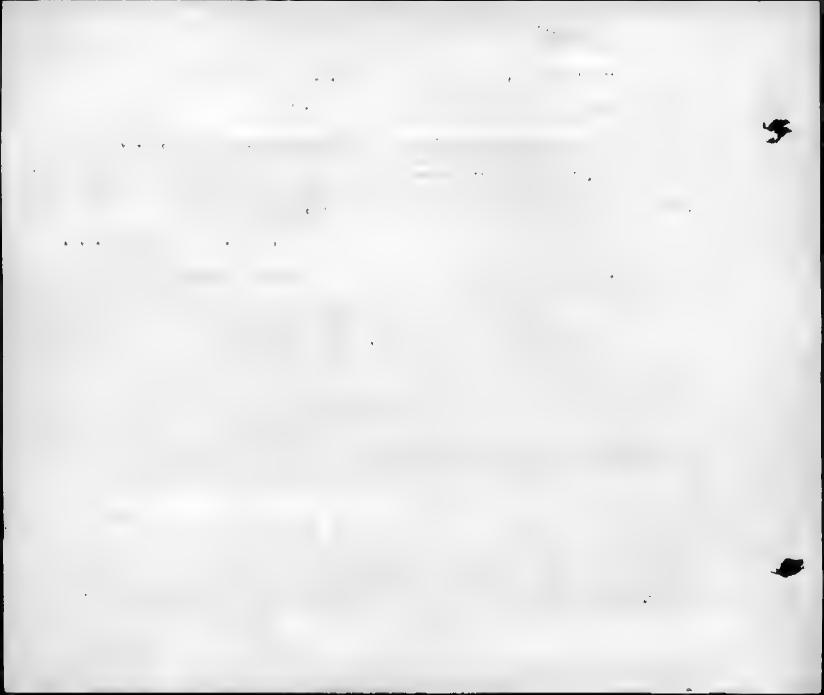
may be retain. Ty the hasp tall or attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and sempletely filled in by it funeral director, page 3 shauld be littled for use as the lemost-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death

TENTINE PRYSMIAN: The law require that the death certificate be executed with n 21 hours offer death. Pages

TO HOSPITAL C

VR A15 (4) ISM 9/59



RECORDS. **EXAMINER'S CERTIFICATE OF** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if Institution; Residence before admission) a. COUNTY Health, rector. Page a STATE files. MARYLAND b. CITY OR TOWN (it outside/corporate limits. C. LENGTH OF STAY IN 16 CITY OF TOWN Ilf outside comprete limits, write RURAL and give negres! d. NAME OF HOSP TAL IS RESIDENCE ON A FARM? YES NO IX DECEASED (Type or print) DEATH VER MARRIED | 8. DATE OF BIRTH 5 SEX 9. AGE III YEAR I LINDER I YEAR ! (ast birthday) Months WIDOWED X DIVORCED 10a. USUAL OCCUPATION IGIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Farm Work within. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCEST IYes, no, or unknown) | (If yes give we rordetes of service) Dora Tasker 2120 Westchester Ave. 128 METWEEN Catonsville 18. CAUSE OF DEATH [Enter only one cause per I ne for fa), (b), end (c).] ONSET AND DEATH IMMEDIATE CAUSE IN Ö gave rise to immediate cause (a), steling the underlying cremation, PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY CERTIFICATION PERFORMED? 2 YES NO Medical should 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, lEnter neture of January in Pert I or Pert II of Item 18.1 PRIMARY OF ST CONTRIBUTING writing 1 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (Slate) Hot While fectory, street, office bldg., etc.) While 19 el work et work forwarded to the L DIRECTOR: P. ease mecute the certifically, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE 5 DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) Address (Street, c'ty, town, or county) 226. BURIAL CREMATION. 226 DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 Ellicott City, Md St. Marks Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME F.C. Higinbothom, Ellicott City, Md Urlhur S. Hraus 5M 7/59 160 DATINOV 21 C-Thun & Krough



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1960%

| 4 | 0 | 6 | - 16 | 14 |
|-----|----|-----|------|------|
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| .8. | PE | - 7 | | - 24 |

| | A-11-1 | | | | | | | | | | | |
|--|---|------------|-------------------------------|-------------------|--|--------------------------|-----------------------|--|-------------------|-----------|-----------------|-------------------|
| PLACE OF DEATH | NTGOMERY | | MARYL | AND | - CTATE | DENCE (WH | | d lived. If institut b. COUNTY | | | | ilon) |
| RURAL and give | | | c. LENGTH OF STAY I | N 16 | 3 | , | utside corpa | rote limits, write l | URAL and | give ne | arest town | ١) |
| 7,7 % | ILVER SPRING TAL (If not in hospital, g 1825 Tilto | ive street | | | d. STREET A | DDRESS | n Driv | | | | | IDENCE FARM? |
| 3. NAME OF DECEASED (Type or print) | A GNES | s# | MAY Middle | S | ULLIVAN | | 4 DATE OF DEATH | Mov NOV | | 13 | "/ | Year 19 60 |
| S SEX FEMALE | 6 COLOR OR RACE | 7. MARE | RIED NEVER MARRIEI | | DATE OF BIRTH 1/28/86 | 1 | | 9 AGE (In years last birthdoy) 74 yrs. | IF UNDE Manths | Doys Doys | Hours | R 24 HRS Min |
| 100 USUAL OCCUPAT during most of wo Homemake t | ION (Give kind of work orking life, even if retired | | KIND OF BUSINESS OR | INDUST | RY 11. BIRTHPL MASS. | ACE (State | or foreign co | suntry) | 12. CI | 40.00 | FWHATC | OUNTRY? |
| DANIEL DUF | RNING | | | | 14. MOTHER'S ANNII | MAIDEN N | | | | | | |
| TS WAS DECEASED EV | PER IN U. S. ARMED FOR (If yes, give wor or dotes of s | I familiar | SOCIAL SECURITY NO | | John J | . Sull | livan, | 1825 Ti | | Dr. | | |
| Conditions, if gove rise to cause (a), stating lying cause lost PART II. O' 20a ACC DENT W OR CONTRIBUTING UT ETITHER, NOTIF | immediate DUE TO | ļ | CONTRIBUTING TO DEA | TH BUT 1 | OT RELATED TO | THETERMI | NAL DISEASI | E CONDITION GIV | VEN IN PA | RT 1(0) | PERFO | AUTOPSY PRMED? |
| | VAS UNDERLYING DEATH G CAUSE OF DEATH Y MEDICAL EXAMINER) | | CRIBE HOW INJURY OC | CURRED. | (Enter noture a | f injury in F | Port I of Part | t II of item 18) | | | | |
| 20c. TIME OF INJU | 10 | While | | 20e. PLA: fack | CE OF INJURY (I ory, street, office | lome form bldg , etc. | , 20f. (City | or lown) | | (County) | | (State) |
| | eat (I) (this hespital asset alive an No | ha. | 3 1960, and | that de | ath accurred ATTENDING PHYS. 22d ADDRE | I al 7. S | M, fram | | nd an th | e date | stated 221 | |
| 230 BURIAL, CREMAT REMOVAL (Specify BUR* 1 | ON 236, DATE THEREC | F | 23c NAME OF CEME GATE OF H | | | SRY | | FION (City, town, TG MENY | | Y, I | (S'0' MA 'Y' | |
| Paimer DRECTO | E'S SIGNATURE TO | Pa | II.VER SPRIN | 7, M | D. | | OV 1 7 | | STRAR'S S | | | |



MARYLAND STATE DEPARTMENT OF HEALTH _DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND 2 USUAL (TESIDENCE (Where deceased lived If institution; Residence before admission) 8.9 PLACE OF DEATH Items o. COUNTY. b. COUNTY c. LENGTH OF STAY IN 16 c CITY OR JOWN (If outside corporate limits, write RURAL and give neg D.O.A. d. NAME OF HOSPITAL IS RESIDENCE in haspital, give street address) ON A FARM? YES NO Z NAME OF Middle Day Year DEATH (Type or print) 1960 IF JINDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 9 AGE (In years 7 MARRIED THEVER MARRIED ofter WIDOWED [papers. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY, 11 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo a/csman 13 FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? \$16. SOCIAL SECURITY NO Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? has YES NO IX 200 ACCIDENT WAS INDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY/OCCURRED (Enter noture of injury in Port I or Part I of item 18) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour o. m. While Not while of work of work O. m 19 6 a thor(1) we last M. Hom the causes and an the date stated above. O, and that death accurred of saw the deceased alive an FUNERAL DIRECTOR 22b DATE SIGNED ATTENDING DIRECTOR . PHYS MD 22d ADDRESS BUR AL, CREMATION, 236, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL Specify) Parklawn Cemeterv Rockville. Marvland O 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bethesda, Maryland DATE Robert A. Pumphrev 15M 9/59



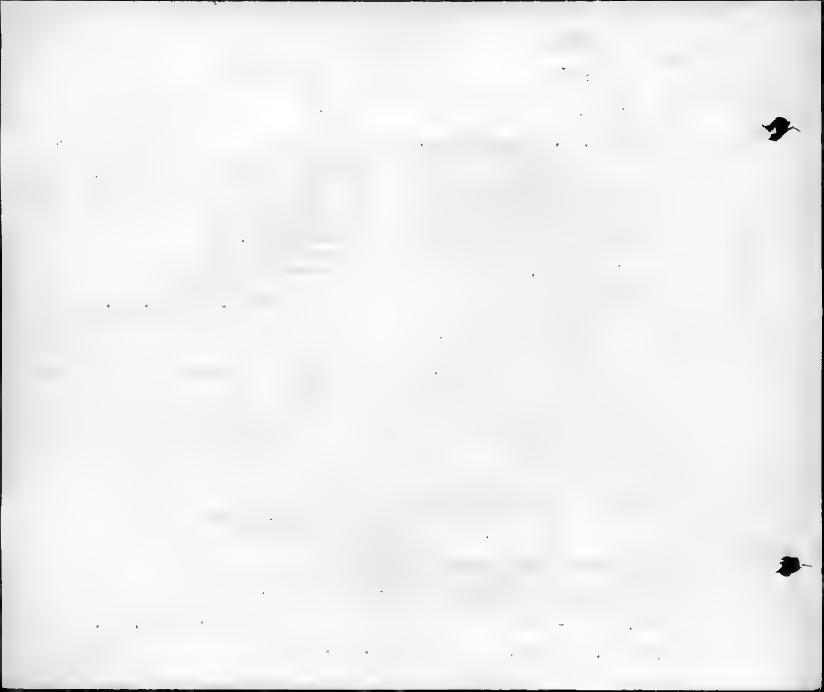
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requires that the death certificate be executed within 24 hours

attending p y the hospitol ar oftending physician. IOR: After this certificate has been signed by may be retained by the hospito TO FUNERAL DIRECTOR: After the page 3 should be detached for the registror prior to burial, cre VS A15 (4) 15M 9/SB

| 1. | PLACE OF DEATH G COUNTY | Montg | MARYLAND | 2 USUAL RESIL | inarylar | eased I ved If institu ICI b COUNT | | |
|---------|--|---|---|---|----------------------------------|---------------------------------------|-------------------------|---|
| | RURAL and give I | (If outside corporate limits, write learest town) LNG Y | c LENGTH OF STAY IN 16 | Boyds | | orporate imits, write Ru: | RURAL and give no | earest town) |
| | OR INSTITUTION | tg, Co. Gener | al Hosp, | d. STREET A | DDRESS | | | e. IS RESIDENCE ON A FARM? YES A NO |
| 3. | NAME OF DECEASED (Type or print) | James | Earl Earl | Sutphi | 0.6 | TE M | _ | Year 19 60 |
| 5. | sex Male | 103 3 4 4 | RRIED A NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH | 6-1923 | 9. AGE (n year lost birthdoy | S FUNDER 1 YEA | Hours Min. |
| 100 | during most of wo | rking life, even if retired) | E RIND OF BUSINESS OR INDU | | ACE (Stote or fore) | - | | A A |
| 13. | FATHER'S NAME | | | 14. MOTHER'S | MAIDEN NAME | | | |
| | Star | nford E. Su | tphin | Tı | cophy St | n i th | | |
| | WAS DECEASED EV | ER IN U. S. ARMED FORCES? 1 (If yet, give war or dates of service) | 6. SOCIAL SECURITY NO | INFORMANT | | Ac | Idress | |
| | | | | Lois (| J.Sutph: | in. Boy | ds. Md. | |
| Z | Conditions, if gave rise to cause (o), stoting lying cause last | immediate (b) (b) DUE TO | YNOVION HOPEVI PVIMANY | + 119 | ht | +00+ | | 6 years |
| CATION | Anc | mid, Secon | | _ | 11/9 | SEASE CONDITION C | IVEN IN PART (B) | PERFORMED? |
| CERTIF | OR CONTRIBUTION | AS UNDERLYING 1 206 DE CAUSE OF DEATH Y MEDICAL EXAMINER) | ESCRIBE HOW INJURY OCCURRI | D (Enter nature o | Finjury in Part La | r Part i of Item 18) | | |
| MEDICAL | 20c, TIME OF INJU Haur a m, p. 市, | Who | £ . | LACE OF INJURY (I actory, street, office | lame, farm, 20f. bldg., etc.) | (City or town) | (County | r) (State) |
| | | whahhu | bed from 1953 Lev., and that deother walker Lumden | accurred of | ADDRES | S (Street, city or tow | ond on the date, state) | |
| 22 | BURIAL, CREMATION OF THE PROPERTY OF THE PROPE | ON, 226. DATE THEREOF 11-23-60 | 22c. NAME OF CEMETERY (Forest Oal | | | eithersb | | (State) |
| 23. | LIMERAL DIRECTOR | r's signature C. Uartner. | Gaithersbur | g. Md. | 24a. REC'D BY RE | - | SISTRAR'S SIGNATI | |

DATNOV 2 3 '60



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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| -4. | 200 | | 9 | 17 |

| | 12 | 801 | CAL CAMININER | 3 CERTIFICA | IE OF DEATH | Reg. Dist. No. | | |
|---|---|---------------------------------------|--------------------------------------|--------------------------------|-----------------------------------|------------------------------------|--|--|
| 1 | PLACE OF DEATH | | | | | tulian Residence before admission) | | |
| | m | introner | 7 MARYLAND | o STATE hu | b. COUN | monty | | |
| | b. CITY OR TOWN of | | AL C LENGTH OF STAY IN 16 | E CITY OR TOWN H | outside corporate limits, writ | RURAL and give nearest fown) | | |
| 1 | Dan | radeus | 1/2 day | Brown | ingsville | | | |
| | d NAME OF HOSPITA | AL OR INSTITUTION (If no | t 'n hospital, give street auttress) | d STREET ADDRESS | THEOATITE. | Te 15 RESIDENCE | | |
| | | Hanry | ave | / RFD # | 1. Monrovi | ON A FARV? PL YES NO € | | |
| 3 | NAME OF | Hen | Middle | Last | 4 DATE Mor | | | |
| Ш | (Type or print) | John | Edwin Table | . 20 | OF DEATH | - 15- 1960 | | |
| 5 | . SEX | | MARRIED NEVER MARRIED | | 9. AGE (In years | IF UNDER TYEAR IF UNDER 24 HR | | |
| | Malle | | DOWED DIVORCED D | | heel burhday) | Manths Days Hours Min. | | |
| 1 | | 17 11 1 0 0 | 106. KIND OF BUSINESS OR INDUS | March 6. 1 | 899 61 <u>61</u> 7" | 12 CITIZEN OF WHAT COUNTRY | | |
| ı | during most of working | g life, even if refired) | | | | | | |
| 1 | 3. FATHER S NAME | - we'l dr | trier. | | o., Md. | JUSA | | |
| ľ | | | | | | | | |
| Į, | | | 12 14 60001 600000000 | | nnie Thomps | n | | |
| ď | Yes, no, or unlapsed | It yes, give war or dates of services | • | NFORMANT | Addres | | | |
| Ŀ | No. 219-12-0165 Ars Fannie Tabler- Monrovia, Md. | | | | | | | |
| | | | er line for (a), (b), and (c). | | * | DISTERVAL BETWEEN | | |
| l | | H WAS CAUSED BY: IMMEDIATE CAUSE (a) | Corenery & | celusion | | sudden | | |
| | 4 & 0 . 1 DUE TO | | | | | | | |
| | Conditions, if a | | | | | | | |
| gave rise to immediate cause (a), stating the underlying DUE TO | | | | | | | | |
| L | cause last. | (c) | | | | | | |
| 1 | PART II OTH | ER SIGNIFICANT CONDITION | ONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE CONDITION G | VEN IN PART I(a) 19. WAS AUTOPSY | | |
| 200 | ŧ | | | | | YERFORMED? | | |
| CERTICIC ATION | 200. EXTERNAL CAU | SE WAS 206 D | ESCRIBE HOW INJURY OCCURRED (| Enter noture of micry in Part | Li or Port II of Hem 18 1 | | | |
| FEB | PRIMARY Dar CON | ITRIBUTING [] | , | | | | | |
| | 20c. TIME OF INJUR | | 20d INJURY OCCURRED 70s PLA | CF OF INIURY (Home form | Tot /City on house) | (County) (State) | | |
| 11/20/2011 | Hout o.m. | | While Not while fact | ory, street, office bldg , atc |) 201 (City to 1046) | (County) (State) | | |
| 1 | | 17 | of wark at wark | | | | | |
| ı | 21. I certify that I took charge of the remains described above, held an Autapsy [], Inspection [2], Inquiry [2], and in my | | | | | | | |
| ı | opinian death resulted fram: Natural causes . Accident . Suicide . Homicide . Undefermined manner | | | | | | | |
| ı | | | 7 | | | | | |
| | SIGNATURE Z | earl & / | nisations | M.D CHIEF MEDICAL EX | (AMINER 🗍 | DATE SIGNED | | |
| | PM - MILLERY | | _ | ASSISTANT MEDIC | AL EXAMINER 🔲 💮 | c 1551 | | |
| | EXAMINER'S NAME (Type) | KANK J | Bhaschan | DEPUTY MEDICAL | EXAMINER 🔁 | 1-15-60 | | |
| 2 | | N. 226 DATE THEREOF | 22c NAME OF CEMETERY OF | CREMATORY | 22d LOCATION (City, fewn, | or county) (Store) | | |
| | REMOVAL (Specify) | 11/18/60 |] Hyattstown | Meth | | | | |
| 2 | FUNERAL GIRECTOR | 7-1 | ADDRESS | | Hyattistic D BY REGISTRAR 246 REG | ISTRAR'S SIGNATURE | | |
| | Ukm J | - Moliner | Damascus | . MdNOV | | Lun & House | | |

TO DEPUTY MY CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is "scessary, please execute the finate, writing the ward "pending" in pendi in them. 18. Give Pages 1. 2, and 3 to the funery crior. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PER. Page 5 may be retained by your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trainis permit. File pages 1 and 2 with the State Eland of Pleatift, or its designated agent, prior to burial, cremation, or removal, and its any event within 72 hours after death. VS. ATSME SM 2/57



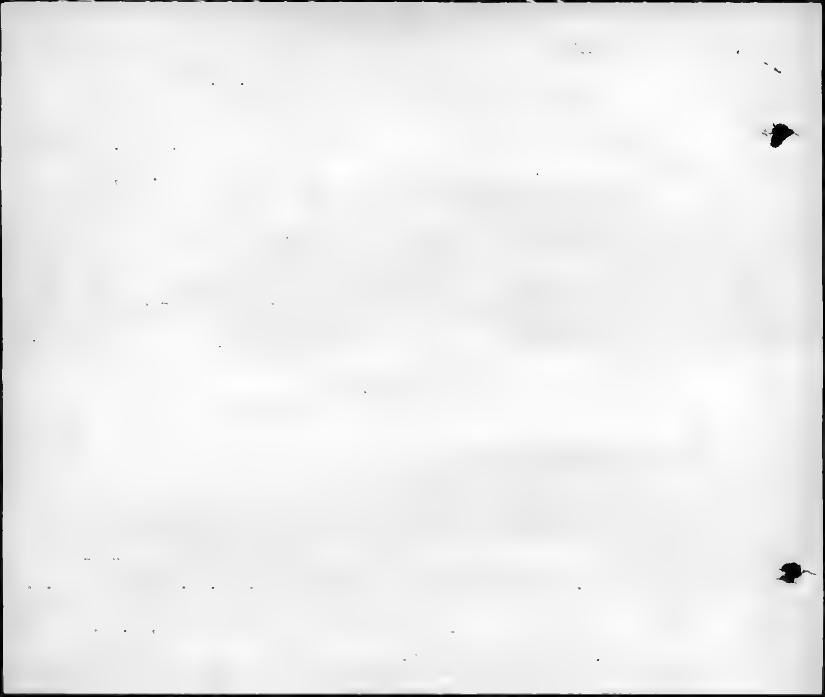
| | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 |
|---------------------------------------|-----|--|
| · Æ | | 12698 CERTIFICATE OF DEATH Reg. Dist. No. 12831 |
| P A | | PLACE OF DEATH o. COUNTY MONTGOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE Maryland b. COUNTY Montgomery |
| 2 2 | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) SILVER SPRING 3days C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING |
| , , , , , , , , , , , , , , , , , , , | | d NAME OF HOSPITAL (If not in hospital, give street oddress) 57/ d STREET ADDRESS OR INSTITUTION HAVA REST NURSIAL HOME UNIV. Blud. BOCYCLEY ROOD 1. IS RESIDENCE ON A FARM? YES NO |
| s i one | | NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DECEASED (Last 4. DATE Month Day Year OF DEATH NOV. 20 19 60 |
| - Page | ľ | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1878 9. AGE (In years let UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min |
| papers leath. | - 1 | o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) County Goct, Consexpension MARYLAND 12. CITIZEN OF WHAT COUNTRY COUNTY WORKER |
| offer d | ا | FATHER'S NAME William Talbott 14. MOTHER'S MAIDEN NAME SUSAN GUCCH |
| 2 hours | ł | WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT AND OF ONE OF SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT WAS DECEASED EVER IN |
| please within 7 | = | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] |
| Then | ۱ | 1MMEDIATE CAUSE (6) CEPE BY UT TENNOTY Tage 20, 29, 1 |
| d in on, | | gove rise to immediate couse (a), storting the under: |
| al-tronsi | | PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (C) |
| or rem | | 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) |
| use as l | | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. jn. While Not while of work of twork of two twork of two twork of two |
| hed for riot, cre | | 21. I certify that I attended the deceased from 1904, 5, 1960, to Nove 20, 1960 that I last saw the decease alive on 100. 18, 1960, and that death occurred at 3:00 p. M. from the causes and on the date stated above |
| be detach | | ACTUAL SIGNATURE COMES & haubach M.D. 1806 FOXST Hyghsville 11/20/ |
| or pr | 4 | PHYSICIAN'S JAMES L. LAUBACH Maryland |
| page 3 sh the registr | | o. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) URIAL (Specify) 11/23/60 COLESVILLE CEMETERY MONTGOMERY COUNTY, MARYLAND |
| 5 (4) /55 | 12 | FUNERAL DIRECTOR'S SIGNATURE WARNER E. PUMPHNEY INC. SILVER SPRING, MD. 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE DATE NOV 2 8 60 |



| AL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND | 12832 |
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| ERTIFICATE OF DEATH | T / 10 / |

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| TO HOSPITAL P ATTENDINE EMYSICIAN: The low mappins that the leath certificate be executed within 24 hours offer death. Page 4 | may be refactor, by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director. | | |
| VR 3.5 | A15 | (4) | |
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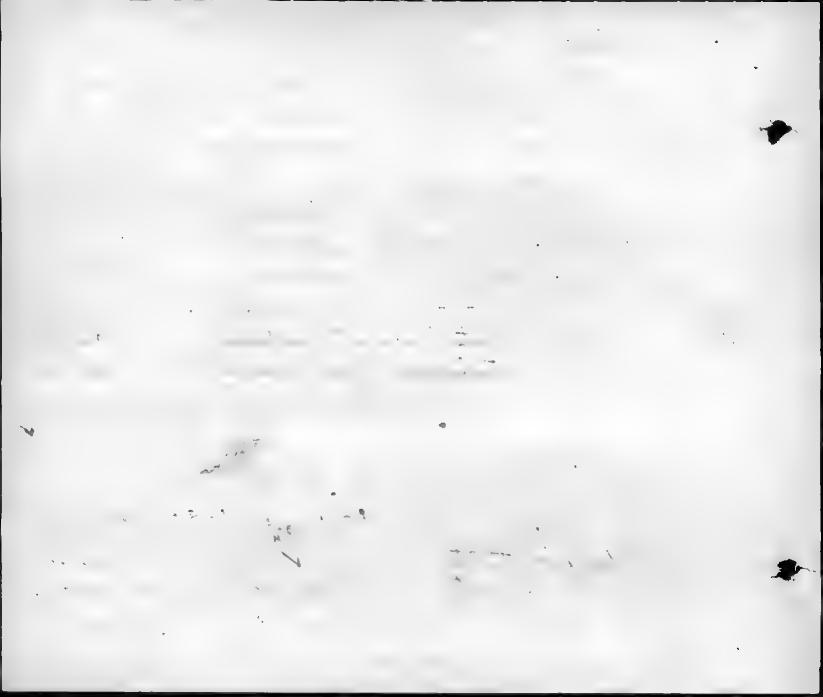
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| 1. PLA | CE OF DEATH | | | | | | USUAL RESIDENCE STATE | CE (Whe | re decease | | | on: Reside | ence befo | re admiss | ion} |
| 0. (| 2.0 | ontgomery | | | MARYLAND | | | XX | D. | C. b. | COUNTY | | | | |
| | ITY OR TOWN (| If outside corporate limi | ts, write | c. LENGTH (| OF STAY IN 16 | | e CITY OR TOW | N (If ou | tside corpo | prote limi | its, write R | URAL one | give nec | rest low | 1) |
| | Silver | Spring | | | | | Was | hin | gton | 1 | | | | 7 . | *20 mm |
| d 1 | NAME OF HOSPI OR INSTITUTION | TAL (if not in hospital g | ive street a | (ddress) | | | d. STREET ADDR | ESS | | | | | | | FARM? |
| | 1800 G | race Chur | ch_R | oad_ | | | <u>3040 0</u> | liv | er S | tre | et, | F | N. | YES [| NO 💽 |
| DEC | ME OF EASED | Fi | et | | Middle | н | Lost DAT (1957 | | 4. DATE OF | | Man | 9. | Do | | Year |
| | oe or print) | JOHN | 1 | Pete | | | TALTY | | DEATH | | Nov | - | | | 1960 |
| 5 SEX | | 6 COLOR OR RACE | 7- MARRI | | R MARRIED [| 8. Di | ATE OF BIRTH /8/1870 | | | 9. AGE | (In years birthday) | Manths | 12974 | Hours | R 24 HRS. Min. |
| | <u>lale</u> | White | WIDOWE | · 63 | DIVORCED [| 121 | -/ | | 6 7 | | утѕ | 7 | 110 | 147144 7 6 | O.U. ITOM |
| 100 0 | ring most of wor | ON (Give kind of work it ng life, even if retired UF-FELTE | a lub i | Driv | | USIKT | Irel | | | (CUNTER) | | | US | YVIIATO | OUNTRY? |
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| IS. PAI | John T | altu | | | | 11 | Mary | | |) cr | | | | | |
| 15 14// | | ER IN U. S. ARMED FOR | reco 14 c | OCIAL SECU | DITY NO. 117 | INFOR | | - Gu | POLITI | 8 | Addr | 'MIE | | | |
| (Yes, no | YO | [If yes, give war or dates of i | ervice] | nknow | | | eph Gre | :co= | son | in | law- | | 2 2d | | |
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| | 100 | IMMEDIATE CAUSE (c | 7 | 11646 | 11-6 | L 12 | 66066 | | 1-12-62 | 21 lts | 21/ | | | | 66/14 |
| | Conditions of any which | | | | | | | | | |) 21 | A: 2 | | | |
| 9 | gave rise to immediate DIFFE | | | | | | | | | 1 | | | | | |
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| Z | PART II. OT | HER SIGNIFICANT CON | DITIONS C | ONTRIBUTING | G TO DEATH BL | IT NO | RELATED TO THE | ETERMIN | NAL DISEAS | SE CONT | SITION GIV | EN IN PA | RT 1(a) 1 | 9 WAS | AUTOPSY RMED? |
| E S | | | | | | | | | | | | | | YES 🗍 | NO [] |
| CERT FICATION | ACCIDENT W | AS UNDERLYING | 20ь. DESC | RIBE HOW I | NJURY OCCURI | ED. (E | nter noture of inju | ury in Po | art I or Pat | rt 11 of it | em 18.) | | | | |
| | EITHER, NOTIF | MEDICAL EXAMINER) | | | | | | | | | | | | | |
| | c. TIME OF INJU | RY Month, Day, Ye | | UURY OCCU | | PLACE | OF INJURY (Home | e, form, | 20f. (City | y or tow | n) | | (County) | | (Stafe) |
| MED | Hour a.m. p.m. | 19 | While at work | Not whi | 118 | 00.0., | / | Mr. a.c.) | i | , | | | | | |
| 21 | I certify the | at (I) (this haspita |) attend | ed the dec | ceased fram | 4 | 110/ | 19/0 | €, ta_ | ML | 1-/ | 19 | c.C II | at (I) (| we) last |
| SC | ow the decea | sed/alive on <u>//</u> / | 17-1- | 12/1 | and that | deat | h occurred of | 11/1/1 | M, from | the co | aoses an | d an t | ne dote | stated | abave |
| 22 | a signature | F- 11 | 4// | | | | ATTENDING | MEI | | CTAI | | 1. | 1-18 | | DATE SIGNED |
| | 6 | CO MICHIEL AGILL MD PHYS M DIRECTOR LI PHYS. L | | | | | | | | r-rc | | | | | |
| 22 | PHYSICIAN'S NAME (Type) | E. STUA | RT L | YDDAN | E | | 3066°SQ |) S | it., | N. | W.,W | ash: | ingt | on, | D.C. |
| 73a B | URIAL, CREMAT | ON, 236 DATE THERE |)F | 23c NAME | OF CEMETERY | OR CR | EMATORY | | 23d LOCA | TION (C | ly, fown, i | or county |) | lo12) | e} |
| Ï | Burial | 11/21/ | 60 | Mt. | Olivet | C | emetery | 7 | Was | shir | igton | , D | . C. | | |
| | NERAL DIRECTO | | | ADDRES | | | | | BY REGIS | | 25b. REGI: | STRAR'S | SIGNATU | RE | |
| H | Robert | A. Pumphr | 'ey | Bethe | esda, h | lar | yland DA | TE NO | V 2 2 '6 | 60 | a | thun, | P House | 14 | |



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| D HOSPITAL CATTENDING PHYSICIAN: The low remay be refus. | DEUNERAL DERECTOR: After this certificate has been signed by the attending physician and campletely filled in be Chinestal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with | the State Board of Health prior to burial, cremation, or removal, and is one, within 72 hours after death | 16 |
| TO HOSPITAL OF TTENDING PHYSICIAN: The law requires that the death perificate be executed within 24 haurs offer death. Page 4 may be refail by the haspital or attending physician. | TO FUNERAL DERECTOR: After this certificate has been signed by the attending physician and completely filled in the found director. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with | - | |
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VR A15 (4) 1SM 9/S9

| | | O U U | | | | | | | | | | | |
|-------------------------------|--|--|---------------------------|-------------------------------------|------------|-----------------------------------|----------------|--------------------------|---------------------------|---------|--------------|-------------|----------|
| | PLACE OF DEATH o. COUNTY | Manteamar | | MAI | YLAND | 2 USUAL RESI | | | d fived If inst b. CQU | | | | |
| | | Montgomer | | - | | | Maryl | | | | | gome: | |
| | RJRAL ond give ne Bethesda | foutside corporate limi orest town) | is, write | 8 vear | 1 | 4- | town (IF or | | orate limits, wri | ile RU | RAL and give | negrest lov | rn} |
| | | AL (If not in hospital, a | ive street | | | d. STREET | | ua | | _ | | e. IS RE | SIDENCE |
| | 5415 Ha | AL (If not in hospital, g | d | | | 541 | | hoow | Road | | | ON | A FARM? |
| 3 | NAME OF DECEASED | Ftr | ş) | Midd | | lo | | 4 DATE OF | | Month | 1 | Day | Year |
| | (Type or print) | Charle | .5 | Cars | n = T | ATUM | | DEATH | No | ve | mber | 24 | 1960 |
| 5. 1 | SEX | 6. COLOR OR RACE | 7. MARR | | | DATE OF BIRT | Ή | | 9. AGE (In ye | | IF UNDER TY | | _ |
| | Male | White | WIDOWI | | | 3/26/ | /1911 | | 49 | yrs. | Months Do | 8 Hours | s Min |
| 10a | USUAL OCCUPATION during most of work | N (Give kind of work of ing life, even if retired) | ione 10b. | KIND OF BUSINESS | OR INDUST | RY 11 BIRTHP | LACE (State - | or foreign c | country] | | 12. CITIZEN | OF WHAT | COUNTRY |
| 10 | Agent-M | anufact. | | anufactu | ring | -14 | | Caro] | Lina | | US | | |
| 13. | FATHER'S NAME | les G. Ta | desens | | | 14. MOTHER'S | | | | | | | |
| 15 | WAS DECEASED EVE | | | SOCIAL SECURITY N | 0 17 INE | Besa | Car. | SOII | | Addre | | | |
| (Ye | | If yes, give war or dates of s | егисе) | 39-07-691 | _ | | Total Control | 1270 0 | • 6 | | | | |
| _ | | TH [Enter only one co | | | | rancis | Tati | UIII V | vite, | Sa | | NTERVAL E | AETWEEN |
| | | TH WAS CAUSED BY. IMMEDIATE CAUSE (o | 17. | rute Cr | tarna) | w Th | / Damed A | luni | 0/ | | | DNSET AN | |
| | 420 0 DUE TO 0 | | | | | | | | | | | | |
| | Conditions, if ony, which) In Untraspolaration Least Sugar | | | | | | | | | | Inc ? | 1 Rans | |
| | gove fite to immediate | | | | | | | | | | 1 | 7-44 | |
| Couse (a), stating the under- | | | | | | | | | | | V | | |
| z | |) (c IER SIGNIFICANT CON | | CONTRIBUTING TO D | FATH BUT N | OT RELATED TO | O THE TERMI | NAL DISEAS | E CONDITION | I G VE | N IN PART 10 | 19 WAS | AUTOPS) |
| CATION | | | | • | | | | | | | | PERF | ORMED? |
| CERTIF (| 200 ACCIDENT WA | S UNDERLYING TO CAUSE OF DEATH MEDICALEXAMINER) | 20b DES | CRIBE HOW INJURY | OCCURRED. | (Enter noture | of injury in F | ort For Par | rt II of item 18 | 1 | | | |
| | | | 100000 | | loo ma | | 414 - 1 | lair (a. | | | 4.00 | | 14. |
| WEDICAL | Hour o.m. | Y Month, Doy, Yes | 20d II While of wor | NJURY OCCURRED Not white t of work | focto | E OF INJURY ary, street, offic | (Home, form | , 20f (City) | y or town) | | (Cour | th) | (Sloti |
| - | | t (I) (this haspital | | | d fram | 11-14 | 19(| 0. to | 11-24 | 7 | 1960 | that (I) | (we) la |
| | saw the deceas | 2.4 | -18 | 1960, an | | oth occurre | d of G K | M from | the courses | and | | | |
| | 270 SIGNATURE | 1 / 1 | . 6 | 1 | g mai ge | dill diccorre | u dişeş | IFG TEGIN | 1110 000303 | dric | , QII 111C Q | 2 | 226 DATE |
| | YUH | who his | th | reky | M | D. PHYS | | D RECTOR [| STAFF PHYS [| | 1/- | 24- | 6 SIGNE |
| | 22c PHYSICIAN'S NAME (Type) T | Robert J. | MoC | Carthy | | 22d. ADDR | ESS A | e VE | C/ ₆ | 41 | 6.4 | 110 86 | 770 |
| | <u></u> | CODEIC 5. | 1100 | oat/etty | | 18 | VI_P | 16 | 9 | N. | w. · | V 77 31 | ישיעני |
| 23c | BURIAL, CREMATIO REMOVAL (Specify) | 11 |)₹ | 23c NAME OF CE | | | | | TION (City, to | שוי, פו | county) | (St | ote) |
| _ | | 11/26/60 | | Parkla | iwn C | emeter | ~ | | | e, | Mary | | |
| | FUNERAL DIRECTOR | | m.m. 7" | ADDRESS | 3.60.00 | | i A | BY REGIS | | KEGI51 | rar's sign/ | TURE | |
| - | Robert A. | . Pumphre | у : | Bethesda, | Mar | yrand | DATE | O | OU | a | athur g | H | |
| | | | | | | | | | | | | A PARTIES | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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| | 1 | 2757 | | CERTIFIC | ATE OF D | EATH | 1 | R | Reg. Dist. No | 1 % () U ! |
|-----------------------|--|--|-------------------|-----------------------------|-----------------------------|---------------|------------------------------|---|----------------|--|
| 1 | PLACE OF DEATH | omer. | | MARYLAND | 2 USUAL RESI | ence (wh | ere deceased live | d If 'nst'tution: b COUNTY | | |
| / | b. CITY OR TOWN (If RURAL and give ne | outside corporate limi prest town) | ts, write c. LE | NGTH OF STAY IN 16 | c. CITY OR | | utside corporate l | imits, write RJR | AL and give ne | earest town) |
| 7 | ROCKVIII d NAME OF HOSPITA OR INSTITUTION 321 Midw | AL (If not in hospital, g | ive street addres | 2) | d. STREET A | DORESS | | . / | | e IS RESIDENCE ON A FARM? YES NO |
| 3. | NAME OF DECEASED (Type or print) | JAMEC FI | st U | Middle THOMP | SON | t | 4. DATE OF DEATH IN | Month ovelline | | ay Year |
| S. | SEX | 6 COLOR OR RACE | 7 MARRIED | NEVER MARRIED | B DATE OF BIRTI | 4 | 9. A | | | R IF JNDER 24 H |
| | 71ale | White | WIDOWED [| DIVORCED | Sept.4 | ,100 | 19 | birthdoy) A | Months Days | Hours Min |
| 10 | o USUAL OCCUPATIO during most of work Salesman | N (Give kind of working life, even if retired | done 10b. KIND | of Business or Ind | USTRY II BIRTHPL | ACE (Stote | or foreign country | r) | USA | F WHAT COUNTR |
| 13 | FATHER'S NAME | | | | 14. MOTHER'S | MAIDEN N | AME | | | |
| - 1/ | John Thor | pson | | | Cathe | r'ne | Tindre | w w | | |
| | WAS DECEASED EVER | IN U.S. ARMED FOR f yes, give war or dates of s | | L SECURITY NO. -10-211 | Katheri | ne M | . Tho ap | Address Son-It | | |
| WEDICAL CERTIFICATION | 20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY HOUR O. m. | The under- DUE TO LE RESIGNIFICANT CON LE SUNDERLYING CAUSE OF DEATH | DITIONS CONTR | Not while | chlevor | f injury in I | Part I or Part II of | Fitem 18.) | (County | PERFORMED? |
| | - | Patrick C | deceased fr | | h accurred atm.p/2_O George | 02 | M, from the ADDRESS (Street, | causes and city or town, ste | on the date | e stated above DATE SIGN |
| 1 | REMOVAL (Specify) | 17/17/ | Bayon | t. John's | OK CREMATORY | | Fonds t | Glen | 1. | (Stole) |
| 23 | FUNERAL DIRECTOR'S | SIGNATURE | | ADDRESS | | 24c REC'I | D BY REGISTRAR | 1 | RAR'S SIGNATU | JRE |
| OT | | ler Fune | | e | | | D UI KEOISINAN | | - 10 | |

TTENDING PHYSICIAN: The law requires that the death certificate III exemuted within 24 hours after death. Page 4 by the haspital an attending physician. TO HOSPITAL of may be retain.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12835

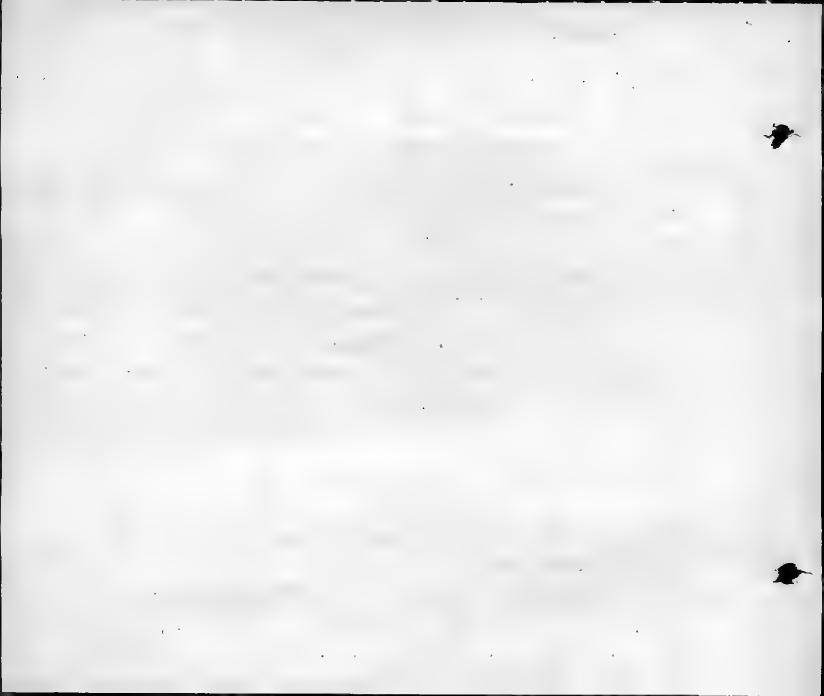
| | PLACE OF DEATH a COUNTY b. COUNTY b. COUNTY COUNTY |
|---------|--|
| | Mart gomery MARYLAND Md, Mont gamery |
| | b. CITY OR TOWN (If outside corporate limits write RURAL and give pearest town) CUTY OR TOWN (If outside corporate limits, write RURAL and give pearest town) |
| | d. NAME OF HOSPITAL (If not in hospital, give street odd/ess) d. STRFFT ADDRESS e. IS RESIDENCE |
| | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Judge Bace Hospital 1509-Jack June Aug. YES NOW |
| | NAME OF DECEASED (Type or print) Self Seath Seath Day Year DEATH DECEASED Seath DECEASED DEATH DECEASED DEATH DECEASED DEATH DECEASED DEATH DECEASED DE |
| S. | SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS |
| 1 | Temale white WIDOWED DIVORCED 8/8/93 los birthday) Months Days Hours Min |
| 100 | USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPIACE (Stole or foreign country) 12 C T ZEN OF WHAT COUNTRY? |
| | SOOK Keeper Restaurant Panniy/Vania U.S.H. |
| 13. | Marner Wildonger Angle Crane |
| 15 | WAS DECEASED EVER IN U. S. ARMED FORCES? 16 DCIA, SECURITY NO 17 INFORMANT Address |
| Y- | (If yes, give wer or dates of service 877 = 19 = 3800 B France J. Thomason John 18 |
| | 18. CAUSE OF DEATH [Enter only one couse per time for (o), (b) and (c) INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY Constrain Vashular and with WAS CAUSE (a) |
| | THAX DUE TO |
| | gave rise to immediate (b) The perlusine Cardio Vaseular-renal 10 975, |
| | cause (a), stoling the under. DUE TO |
| _ | ly ng couse lost. (c) Olsease |
| CATION | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO 19 WAS AUTOPSY PERFORMED? YES NO |
| ERT F10 | 20g ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER! |
| AL C | |
| MEDIC | 20c TIME OF INJURY Manth Day, Year 20d INJURY OCCURRED While Not white at work at the street, affice bldg., etc.) (Caunty) (State) |
| 2 | p.m. |
| | 2) I certify that (1) (this haspital) attended the deceased from. Surve. 1959, to NOV 22, 1966, that (1) (we) last sow the deceased alive on Nov 22 and that death occurred at Sam, from the causes and on the date stated above |
| | 220 DATE |
| | Philip H. Varmer MD ATTENDING W MED STAFF SIGNED 11-23-Ge |
| | 22c. PHYSICIAN'S NAME (Type) DY 1 1 1 1 2 2 ADDRESS |
| - | 1 bilip H. 14 RIVER. 19,620 Ha. Ceue, Selver Fring, moly |
| 23 | BERIAL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City Town, or county) (Store) TRANS (Specify BURIAL 11/26/60 MOUNT PEACE CEMETERY PHILADELPHIA. PENNSYLVANIA |
| - | 7 |
| 24 | WARNER E. PUMPHREY, INC. SILVER SPRING, MD. 250 REC'D BY REGISTRAR'S SIGNATURE NOV 2 9 '60 DATE NOV 2 9 '60 |

death Page 4 TO HOSPITAL (ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs of ended have a may be reported by the hosp tall are attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely fulled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation or remayol, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/59

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B. Al . 11



NTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL C

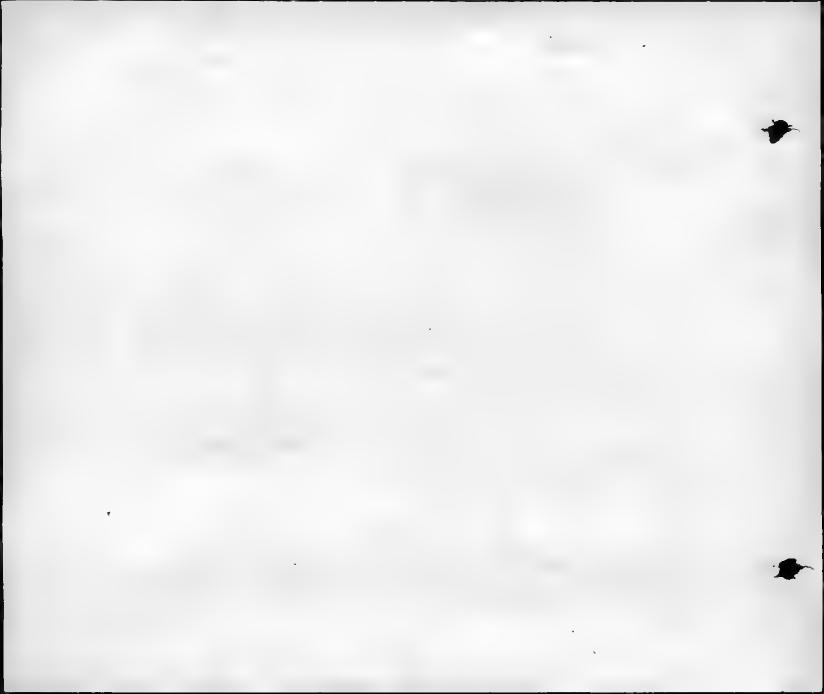
VR A15 (4) ISM 9/59

may be retorned to the hospital or attending physician.

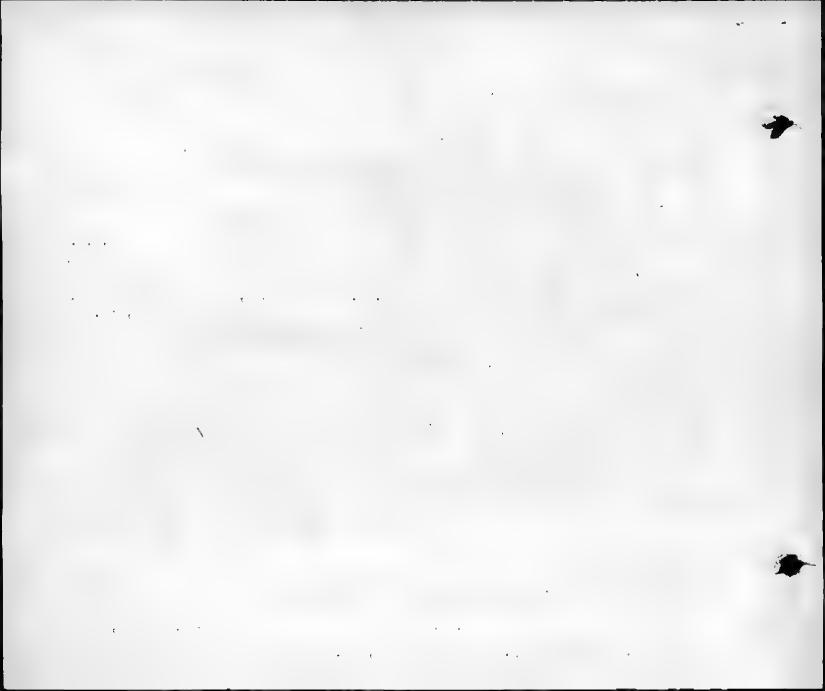
TO FUNERAL D'ALCTOR: After this cartificate has been signed by the attending physician and campletely filled in be page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Funeral director, potante filed with

| 1 | TC ((II) | 112 01 22 1111 |
|---|--|---|
| | 1 PLACE OF DEATH a. COUNTY MARYLAND | 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE b. COUNTY |
| 1 | b CITY OR TOWN (If outside surporate limits, write c LENGTH OF STAY IN 16 | c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| ı | RURAL and give negrest fown) | |
| ı | d NAME OF MOSPETAL (If not in homital nine street orderes) | d STREET ADDRESS e IS RESIDENCE |
| | d NAME OF HOSPITAL (If not up hospital, give street address) OR INSTITUTION (2) aspirigte: Sinitar whithe sp. | STREET ADDRESS STAD 11/11 Clue: STRESDENCE ON A FARM? YES NO D |
|) | NAME OF First Middle DECEASED (Type or print) Lace of the print of the | Thomasus 4. DATE Month Day Year OF DEATH // 15 1940 |
| 1 | S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Just buthday Months Days Hours Min |
| | F WHITE WIDOWED DIVORCED | 8-1-02 /5 10 |
| | 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INC during most of working life, even if retired) | IUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? |
| | tousewite | -georgia 4.5.4. |
| Y | 13. FATHER'S NAME. | 14. MOTHER'S MAIDEN NAME |
| J | Crawford Unillies | un Knowy |
| | 15 WAS DECEASED EVER IN U. S. ARMED FORCES 16 SOCIAL SECURITY NO. 17. (If yes, give wor or defea of service) | achington Sanitarium & Hospital Records |
| | 18. CAUSE OF DEATH [Enter only one couse ger line for (o), (b), and (c)] | INTERVAL BETWEEN |
| | PART I DEATH WAS CAUSED BY: | Profesio C or action ONSET AND DEATH |
| | 332 × DUE TO O | |
| | Conditions, if ony, which) (b) (arebro) | titorusclerosi |
| | gove rise to immediate couse (a), stating the under- | |
| | lying couse last. (c) | |
| | PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? |
| | <u> </u> | YES (T) NO (|
| - | OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RED (Enter nature of injury in Port I or Port II of Item 18.) |
| | | PLACE OF INJURY (Home, form, 20f (City or town) (County) (State, factory, street, office bldg., etc.) |
| i | Hour a.m. p. m 19 While Not while at work at work | two, sice, once bugs, etc.) |
| | 21 I certify that (I) (this haspital) attended the deceased from | 1 Nov 4 . 1960, to 1/05/15, 1960, that (1) (we) los |
| | saw the deceased alive an, and that | death accurred at 22M, from the causes and an the date stated above |
| | 220 SIGNATURE | ATTENDING MED STAFF 1 226 DATE |
| | 1 22 Japan | MD PHYS. DIRECTOR PHYS . 1/5/60 |
| | BORIS RABKIN | 1019 Unversty Blad East |
| | 230 BLR AL CREMATION 236 DATE THEREOF 230 NAME OF CHARTERY | OR CREMATORY 23dy LOCATION (City town or county) (State) |
| | Busiation Rev. 17. 1960 Try kinea | en Come any In. Sec. Co. Maryland |
| | 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | A TO THE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE |
| | J. COUNTY Waters, 234 Carry M. M. | 1. N.C. DATE NOV 17'60 College & France |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



| 邓 1 龙 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | 4000 |
|--|--|---|
| 1 | 12733 CERTIFICATE OF DEATH | 12855 t. No. |
| Poge specific M | 1 PLACE OF DEATH o. COUNTY MONTGOMGRY MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution: Residence o. STATE) b. COUNTY b. COUNTY | e before admission) 1750MERY |
| uneral sid be ald be | b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and grant and give negrest town) ARK ARK | |
| d 2 king | d. NAME OF HOSPITAL (III not in hospital, give street oddress) OR INSTITUTION 7801 GARLAND 1801 GARLAND AVE. | e IS RES DENCE ON A FARM? YES NO [2] |
| n 24 ho Filled in jes 1 or | 3 NAME OF DECEASED (Type or print) GRACF ANN TURNER DEATH NOW | 23 1960 |
| d within | lost birthday) Months | Doys Hours Min. |
| execute nd camp n pape death. | 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 104. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 105. CITIZET OF THE PROPERTY OF THE P | LES A |
| ician ar e carba rs after | 13. FATHER'S NAME WAN DAKE DUANTRILLE AND TORIA THOMAS | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| ng phys remov 72 hou | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or doles of service) | |
| ottendi | PART I DEATH WAS CAUSED BY: ACUTE REMARKS Shut Sewer with Unerwice | INTERVAL BETWEEN ONSET AND DEATH |
| by the | Conditions, if ony, which) the Seriela Arterson Carosis | 5-480H |
| requires ron. signed nait perm and in- | gave rise to immediate DUE TO lying cause last. | 1 |
| e law r physicia as been of-trans avol, ar | PAN II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Carcinoma of Labia. | 1(0) 19 WAS AUTOPSY PERFORMED? YES NO |
| AN: The anding incore he buring or rem | 200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 1130 1100 |
| HYSICI I or offe is certif use as I mation, | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a m. 19 White Not white of work of work of work 19 of work 19 Not white Not white Not white Not white Not white Not white Not work 19 N | ounty) (Stole) |
| bing the bigging of the bing of the bin | 21. I certify that I attended the deceased from 4660 1960, to 13 NOC 1960, that I lo | ast saw the deceased |
| ATTEN CYOR: CTOR: of defoci | alive an 2 120, 1960, and that death accurred at 134 M, from the causes and an the ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) | e date stated abave. DATE SIGNED NOV 1960 |
| AL CAR | PHYSICIAN'S PS. B. QUEEN M.D. TAKOMA PALK I | 11/ |
| MOSPIT MOY be reported to the registing the registing to | 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMPTERY OF CREMATORY 22d 10GATION IGN Town, or county) | O (State) 111 |
| P 2 2 5 7 | 28 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 246. REC D BY REGISTRAR 246. REGISTRAR'S SIGNATURE | RGED, G, N/G - |
| 15M 10/57 | Latter braches, 254 Carrell It hill AC DATE MOV 28 160 Outling & | Kana |



| | 12871 CERTIFICA | TE OF DEATH | |
|---------|--|---|--|
| | COUNTY Montgomary MARYLAND | 2 USUAL RESIDENCE (Where deceased lived. If institution Residence a. STATE | 4 3 4 |
| - | CITY OR TOWN (If outside copporate limits, write RURAL and any morest top of the Color of the Co | c. CITY OR TOWN (If outside corporate limits, write RURAL and gi | ve nearest town) |
| | d. NAME OF HOSPITAL (If not in hospita), give street address) OR INSTITUT ON Tubul Day | 924 Docthern Live, J. | * IS RESIDENCE ON A FARM? YES NO NO |
| | NAME OF DECEASED Type or print) | 5 Twilley 4. DATE Month OF DEATH NOW, 21 | Day Year |
| 5 5 | 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 | 8. DATE OF BIRTH 9. AGE (In years IF UNDER) | YEAR IF UNDER 24 HRS Days Hours Min |
| 2 | USUAL OCCUPATION (Give kind of work dane duying most of working life, even if retired) The flat land of the life working life, even if retired) | D Maryland U | EN OF WHAT COUNTRY |
| 13. | Lohn W. TwP/ley | Emma Li Forbe | 5 |
| | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUPITY NO. 17. III. (If yes, give wor or dotes of service) (If yes, give wor or dotes of service) (If yes, give wor or dotes of service) | FUZ L. Tulifley Address | ye as |
| | 18. CAUSE OF DEATH [Enter only one cause per line (or, (o), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **Legical Color of Colo | of charline | ONSET AND DEATH |
| | Conditions, if any, which) by Cibature time (| e peros l'ina Corra | 2 Intach |
| | gave rise to immediate couse (a), stating the under- ying couse rost. DUE TO (c) 1 Delinether filter. | Caucerunia | 12 Molt |
| CATION | PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | T(a) 19 WAS AUTOPSY PERFORMED? YES NO |
| CERT.FI | 200. ACCIDENT WAS UNDERLYING TO 200 DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | D (Enter nature of injury in Part I or Part II of item 18) | |
| MEDICAL | | ACE OF INJURY (Home, form, 20f. (City or town) (Citory, street, office bldg., etc.) | ounty) (State |
| | 21 I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 662 27 | death accurred at Quality, from the causes and an the | date stated above |
| | 220 SIGNATURE | M D PHYS MED DIRECTOR PHYS | 77b DATE SIGNE |
| | 22c PHYSICIAN'S NAME Plype) LANE & CEILLE | 22d ADDRESS AVE St. Who Washing | 19th 1) 0 |

AOCATION (City, town, or county)

25g. REC'D BY REGISTRAR MOV 2 8 '60 256 REGISTRAR'S SIGNATURE

Calley & House

may be retain (...) the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the buriol-transit permit. Then please remave corban popers. Pages 1 and 2 the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death. TO HOSPITAL VR A1S (4) 15M 9/59

BUR AL CREMATION, REMOVAL (Specify)

24 PUNERAL DIRECTOR'S SIGNATURE

23b DATE THEREOF

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

directar,



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

113700 CEPTIFIC ATE OF DEATH

| | 16634 | CERTITION | | OI DEAIII | | | | | | |
|-----|--|--|---------|------------------------------|--------------|--|------------|-----------|-----------------|------------------|
| . 1 | PLACE OF DEATH O. COUNTY | MARYLAND | | JSUAL RESIDENCE (Whe | ere decease | b. COUNTY | | | | ion) |
| - | CITY OR TOWN (if outside corporate limits, write | c LENGTH OF STAY IN 16 | - | Maryland CITY OR JOHN (IF OU | teida corne | | 19/ 90 | | | 1 |
| | RURAL and give nearest town) | C LENGTH OF SIXT IN 18 | ' | CITE OKNOWN (III SC | uside colbe | proje iliniis, write kt | AKAL ONO E | JIAG HEDI | Cal IOWII | i |
| | Takoma PARK | 3 days | | Silver, S | 127/11 | A | di. | | | |
| | NAME OF HOSPITAL (If not in hospital give street) OR INSTITUTION | address) | | d. STREET ADDRESS | | | | 6 | IS RESI | FARM? |
| И | 1 | Yum & Hospit | 1/ | 1725 (| Tolles | e Wiew | 100 | 2 | | NO A |
| | NAME OF First | Middle | | Last | 4. DATE | Mant | h | Day | 1 | (eor |
| | Type or print) | Michael | - (| Llias | OF DEATH | 11 | | 24 | 1 | 1960 |
| 5 | EX 6 COLOR OR RACE 7. MARR | IED NEVER MARRIED | B. DA | TE OF BIRTH | | | IF UNDER | | | |
| 1 | nale White WIDOWE | DIVORCED | | 3 -308 - 10 | 7 | 53 yrs | Months | Doys | Hours | Min. |
| 0a | LSUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) | KIND OF BUSINESS OF JUSTON | STRY | 11. SIRTHPLACE (State of | or foreign c | country) | 12 CITI | ZEN OF | WHATC | OUNTRY? |
| | 7 | 1 - / | | Parin | | | / | 7 me | . 0 . | |
| 3. | FATHER S NAME | rept. of Livienu | 14 | MOTHER'S MAIDEN N | | nbiezak | - | 7 77.0 | , pa. | |
| | 1.1. (11: | | | 5 / . | | noa. Carett | , | | | |
| r | WAS DECEASED EVER IN U. S ARMED FORCES? 16 | COCIN SECURITY NO THE | NFORA | cphia | | CENTRAL CONTROL OF THE PARTY OF | nagt_ | | | |
| | no or takenous) . If was over one or dates of convent | 07-05-0055 | 21 | / == | > | Addi | 922 | | | |
| 4 | <i>NO</i> | 7 | 70. | spilal 1 | CCOR | ds | | | | |
| | 18. CAUSE OF DEATH [Enter only one cause per lin | ne for (o), (b) and (c)] | , | , | | | | | RVAL BET | |
| | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) | rebrad J | the. | contone | 1 | | | _5 | · / | E 64 31 |
| | DUE TO | 0 | | /- | | | | | | |
| | Conditions, if any, which) | econdany | In | ocreptor, | mill | | | | g Sangara and P | |
| | gove rise to immediate | 0.7 | F | 11 n | -1 | | | | VO - | a server |
| | couse (a), stating the under- | illrans or on | u les | nother bul | Land Stra | andie | 228 . C | 1 | المستهلي ال | |
| , | / (-) | To the state of th | | 1000 | 111170 | _/ | | I LILL | | * CAL- 13 |
| 2 | PART II OTHER SIGNIFICANT CONDITIONS C | ONTRIBUT NG TO DEATH BUT | INDI | RELATED TO THE TERMIN | AL DISEAS | E CONDITION GIVE | EN IN PAR | I(a) 19 | PERFO | AUTOPSY RMED? |
| 5 | Certificate of les | er. | | | | | | | YES 🛄 | NO 🗌 |
| | 200 ACCIDENT WAS UNDERLYING 1 206. DESC OR CONTRIBUTING CAUSE OF DEATH | CRIBE HOW INJURY OCCURRE | ED (En | ter nature of injury in P | arl I or Par | rt II of item 18) | | | | |
| j | (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | | | | |
| 5 | 20c. TIME OF INJURY Month, Day, Year 20d. In | | | OF INJURY (Home, form | | y or tawn) | (0 | Lounty) | | (Stofe) |
| ä | Hour a m. While | lagi while | actory, | street, affice bldg , etc.) | | | | | | |
| 5 | p. m | | A. | | | 1 . 01 | | | | |
| | 21. I certify that (I) (this haspital) attend | 7 / 2 | | m 12 c1 | | 144-24 | | | | |
| | saw the deceased alive an Julia | 2196 0, and that o | death | accurred all | M, from | the causes an | d an the | date | | |
| | 220. SIGNATURE | can al | | ATTENDING/ME | D | STAFF | | | 22t | SIGNED |
| | Ay any X lie | non | M.D | PHYS DIE | ECTOR [| PHYS 🗆 | | , | | |
| | 22c PHYSICIAN'S OFAME (Type) | 4 1 11 - | | 22d ADDRESS () | . 7/1 | ald Vi | 9. | 10. | . " | 21 |
| | JUNGEV LEVENT | hal, M.D. | | 721000 | e-c-clut | avery do | 15-6 1 B | Hu | 17,1 | + 4 , |

and 2 may be reto to the haspital or attending physician. Then please remove carban papers Pages 1 and in any event, within 72 hours after death. page 3 should be detached far use as the buriol transit permit the State Board of Health prior to burial, cremation, ar removal

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

er death. Page

TO HOSPITAL VR ATS (4) ISM 9/59

WARNER E. PUMPHREY

236 DATE THEREOF

11/26/60

230 BUR AL, CREMATION REMOVAL (Spec fy) BURTAL

GATE OF HEAVEN CEMETERY ADDRESS SILVER SPRING, MD.

23c NAME OF CEMETERY OR CREMATORY

25g. REC D 8Y REGISTRAR DATE NOV 2 9 '60

256. REGISTRAR S SIGNATURE

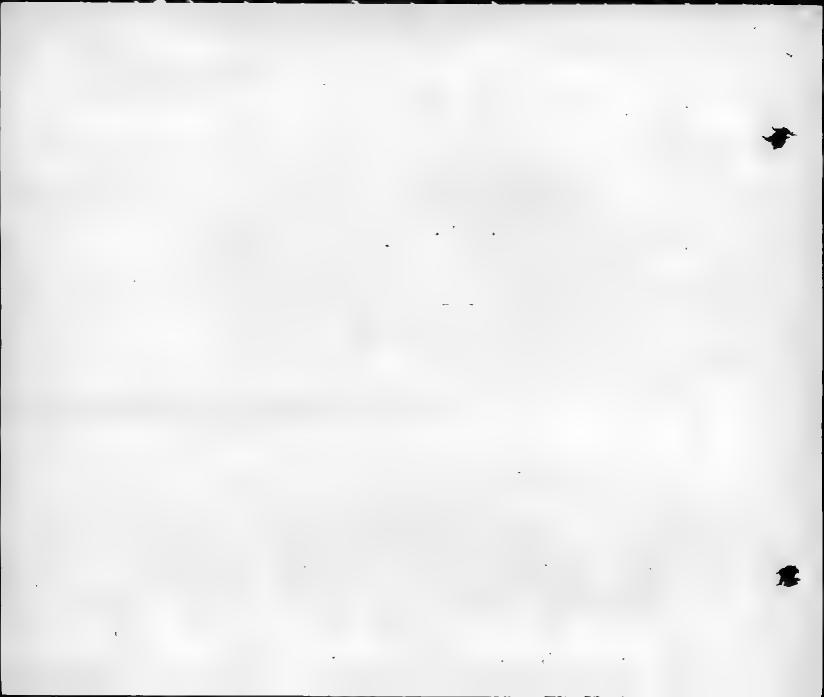
COUNTY, MARYLAND

(Stote)

23d LOCATION (City town, or county)

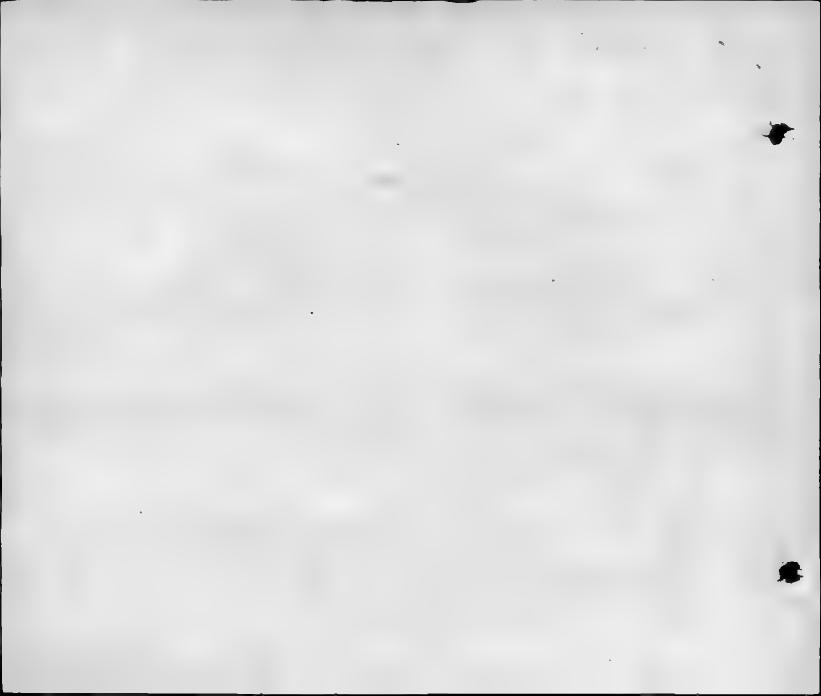
MONTGOMERY

12840



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. UBUAL RESIDENCE (Where decessed lived, if Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND rector. b. CITY OR TOWN C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outs de corporale fimits, write RURAL and give nearest fown) wr la RURAL d. NAME OF HOSPITA STREET ADDRESS e. 15 RESIDENCE ON A FARM? retained State YES NO X NAME OF 4. DATE Last Year DECEASED OF and 3 to the the (Typa or print) DEATH 1960 with P. DATE OF AGE (In years LIF UNDER 1 YEAR S. SEX IF UNDER 24 HRS. may 1 PM3. Page 5 and 3 PM3. Page 5 may pages 1 and 2 with within 72 hours a last b. daday) WIDOWED DIVORCED recuted within 24 hours after in Item 18. Give Pages 1, 2, at 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan it retirad? US Michigan
14. MOTHER'S MAIDEN NAME form PM3. Mary Lambert lard S Upright **⊕** <u>⊞</u> WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yas, no, or unkown) | (Ifyasgivawarordatasofsarviça) 6 with Upright-wife-same 2d Aue 578-05-2908 Ruth Ε. This certificate should be executed word "pending" in pending in Item 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN Office along a burial-transit s .2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pue IMMEDIATE CAUSE (a) **DUE TO** removal. Conditions, If any, which (b) "pending" gave rise to immediate causa Examiner's 10 DUE TO (a), stating the underlying 97 cause last. pesn cremation, PART II. OTHER'S GNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16: 19. WAS AUTOPSY PERFORMED? mete, writing the word 20 Chief Medical I NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | EDICAL EXAMINER CAUSE OF DEATH. sean execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR. Page 3 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete) Not While factory, streat, offica bldg., atc.) Hour A.m. al work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔭 Inquiry X and in my opinion Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER [ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLITY MEDICAL EXAMINER DEPUT EXAMINER'S USCHRIT NAME (Typa) Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 240 Cedar Hill Cremation Sui tland Crematory 24a: REC'D BY REGISTRAR 23. FUNERAL DIRECTOR VS. AISME Robert A. Bethesda, Maryland artius S. Front Pumphrey DATE NOVIO 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



400250

VR A15 (4) 15M 9/59

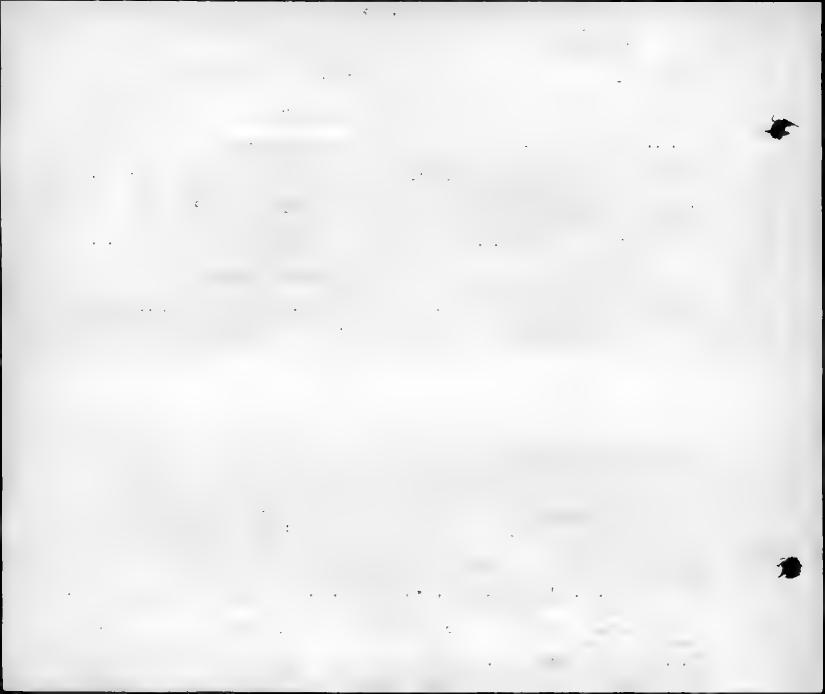
2

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

128+2

| 1 PLACE OF DEATH | | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|
| Montgomer | У | MARYLAND | 2. USUAL RESIDENCE (W o. STATE Puerto Ric | here deceased lived. If institution b. COUNTY | Residence before admission) | | | | | |
| b. CITY OR TOWNRURAL and give | (If outside corporate limits, write | c LENGTH OF STAY IN 16 | c CITY OR TOWN (IF | autside carporate limits, write RU | RAL and give nearest tawn) | | | | | |
| Bethesda | (Rural) | 25 days | Rio Piedra | S | X X | | | | | |
| OR INSTITUT OF | PITAL (If not in hospital, give street | oddress} | d. STREET ADDRESS | | e IS RESIDENCE ON A FARM? | | | | | |
| U. S. Nav | val Hospital | | 54 Balboa | Street | YES NO. | | | | | |
| NAME OF DECEASED (Type or print) | Frank | Middle Charles | URGELL | 4. DATE Manif | | | | | | |
| SEX | 6 COLOR OR RACE 7 MAR | RIED NEVER MARRIED | B DATE OF BIRTH | 1 | FUNDER 1 YEAR IF UNDER 24 HRS | | | | | |
| Male | Caucasian widow | /ED 🔀 DIVORCED 🗌 | 11-4=92 | 68 yrs | Months Days Hours Min | | | | | |
| Od. USUAL OCCUPAT | DON (Give kind of work dane 10b | KIND OF BUSINESS OR INDI | USTRY 11, BIRTHPLACE (State | ar foreign country) | 12. CITIZEN OF WHAT COUNTRY | | | | | |
| Educator | orking life, even if retired) | S.Dept. of Sta | te Puerto | Rico | U.S.A. | | | | | |
| 3. FATHER'S NAME | | | 14 MOTHER'S MAIDEN | NAME | | | | | | |
| Bonocio I | JRGELL. | | Concentio | n RAVENTOS | | | | | | |
| | | SOCIAL SECURITY NO. 37 | INFORMANT | Addre | 15 | | | | | |
| NO NO | (If yes, give war or dates of service) | Unknown (| S) Frank G. U | rgell,1633 L St | .,NW,WashDC | | | | | |
| | immediate (| Myse | ardial org Other | Anford | ONSET AND DEATH | | | | | |
| lying cause las | t. (c) | CONTRIBUTION TO DEATH BE | T NOT BELLTED TO THE TERM | INTO DISEASE CONTOUNDS OUTER | A. IN BARY IVEL IN MAC AL TORCY | | | | | |
| SAIR | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES 52 NO [] | | | | | | | | | |
| | WAS UNDERLYING 206 DE | SCRIBE HOW INJURY OCCURE | ED (Enter nature of injury in | Part I or Part II of item 18) | | | | | | |
| OR CONTRIBUTION | FY MEDICAL EXAMINER) | | and the second of the second o | | | | | | | |
| OR CONTRIBUTION (IF EITHER, NOTIL | URY Manth, Day, Year 20d | INJURY OCCURRED 20e. F | PLACE OF NJURY (Hame, farr actary, street office bidg , et | 1 | (Caunity) (State | | | | | |
| OR CONTRIBUTION (IF EITHER, NOTIL) 20c. TIME OF INJU- Haur a. m p. m 21 1 certify th | URY Manth, Day, Year 20d White it. 19 White at worth at the control of the contro | INJURY OCCURRED 20e. F | PLACE OF NJURY (Hame, farr actary, street office bidg , et | 1 | | | | | | |
| OR CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTIL) 20c. TIME OF INJU- Haur a. m p. m 21. 1 certify th | URY Manth, Day, Year 20d White I. 19 | INJURY OCCURRED 20e. F | PLACE OF NJURY (Hame, farractery, street office bldg , etc.) Oct. 13 death accurred at 4 | 1 | | | | | | |
| OR CONTRIBUTION (IF EITHER, NOTIL) 20c. TIME OF INJUINATION P. m 21 1 certify the saw the dece | URY Manth, Day, Year 20d 19 White at wo ased alive an Nov - 7 | INJURY OCCURRED Not while at work ded the deceased fram 19 60, and that | PLACE OF NJURY (Mame, farractory, street office bldg, etc.) Oct. 13 death accurred at ATTENDING PHYS 22d ADDRESS | 60 to Nov. 7 | I an the date stated above 22b DATE S GNEE | | | | | |
| OR CONTRIBUTION (IF EITHER, NOTIL) 20c. TIME OF INJ. Haur a. m p. m 21 1 certify th saw the dece 22a SIGNATURE 22c. PHYSICIAN'S NAME (Type) | The Disconnection of the Connection of the Conne | INJURY OCCURRED Not while or work ded the deceased fram 19 60, and that | PLACE OF NJURY (Mame, farractory, street office bidg, etc.) Oct. 13 death accurred at 4 ATTENDING N D PHYS NOV. 22d ADDRESS U. S. Nov. | 60 to Nov. 7 | 1960, that (1) Kee) last an the date stated above 22b DATE 11-7-60 the sda, Md. | | | | | |
| OR CONTRIBUTION (IF EITHER, NOTIFIED 20c. TIME OF INJU- Haur a. m p. m 21 1 certify th saw the dece 22a SIGNATURE 22c. PHYSICIAN'S NAME (Type) | The Disconnection of the Connection of the Conne | injury occurred 200 grik at while at work at work 19 60, and that | PLACE OF NJURY (Mame, farractory, street office bidg, etc.) Oct. 13 death accurred at. ATTENDING NO. 22d ADDRESS U. S. Nav OR CREMATORY | 60 to Nov. 7 OAM tram the causes and likector STAFF PHYS al Hospital, Be | 1960, that (1) 1890 last an the date stated above 22th DATE 11-7-60 the sda, Md. | | | | | |
| OR CONTRIBUTION (IF EITHER, NOTIL 20c. TIME OF INJ. Haur a. m p. m 21 1 certify th saw the dece 22a SIGNATURE 22c. PHYSICIAN'S NAME (Type) | Property Medical Examiner) URY Manth, Day, Year 20d 19 White at wo was a sed alive an Nov - 7 F. H. O'CONNELL ION, 23b, DATE THEREOF (1) (2) (3) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7 | injury occurred 20e F ork of work of the deceased from 19 60, and that LCDR, MC, US 23c NAME OF CEMETERY | PLACE OF NJURY (Mame, farractory, street office bldg, etc.) Oct. 13 death accurred at. ATTENDING NO. 22d ADDRESS U. S. Nav OR CREMATORY Memorial Cem. | San Juan | I an the date stated above 22b DATE S GNEI 11-7-60 the sda, Md. | | | | | |



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

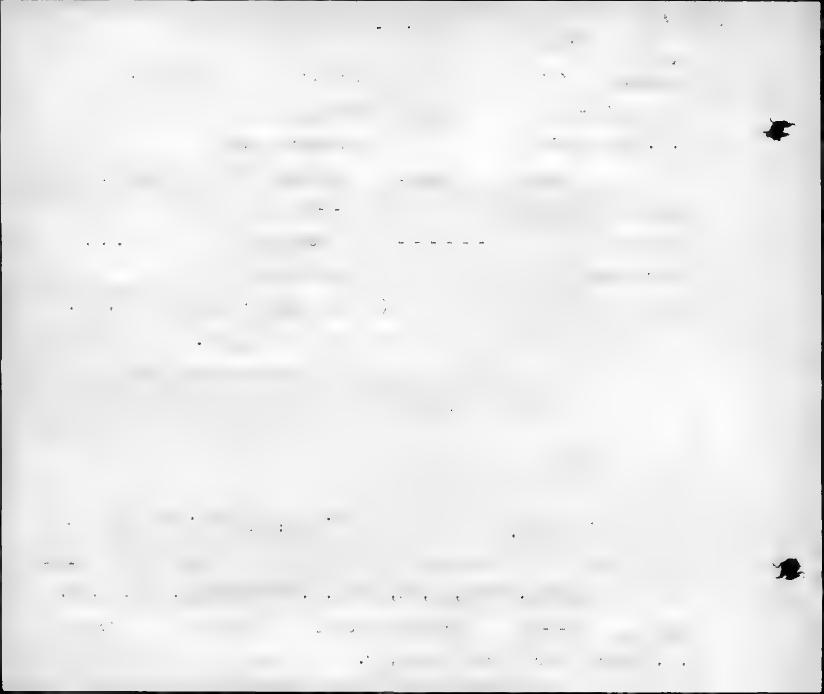
CERTIFICATE OF DEATH

12843

| | T/2010 | CERTIFICA | IL OI DEAIN | | |
|-----------------------------------|--|-------------------------------|----------------------------------|-----------------------------------|--|
| PLACE OF DEATH | | MARYLAND | II STATE _ | ere deceased lived. If instituti | on Residence before admission) |
| Montgomer | | | Maryland | Montgo | |
| b CITY OR TOWN (RURAL and give n | If outside corporate limits, write learest lown) | c LENGTH OF STAY IN 16 | c CITY OR TOWN (If o | iutside corporate limits, write R | (URAL and give nearest lown) |
| | (Rural) | 4 days | Bethesda | X | |
| d NAME OF HOSPI OR INSTITUTION | TAL (if not in haspital, give stree | t address) | d. STREET ADDRESS | | e IS RESIDENCE ON A FARM? |
| U. S. Nava | al Hospital | | 3018 Aberdee | n Road | YES NO |
| NAME OF | First | Middle | Losi | 4. DATE Mon | nth Day Year |
| (Type or print) | Helen | Cuthpert | VAN KEUREN | DEATH NOVE | mber 27 19 60 |
| SEX | | RRIED NEVER MARRIED | 8. DATE OF BIRTH | 9 AGE (In years | IF UNDER 1 YEAR IF JINDER 24 HRS |
| emale | Caucasian WIDOW | - | 3-2-82 | lost birthdoy) 78 yrs | Months Days Hours Min. |
| O USUAL OCCUPAT | ON (Give kind of work done 10b | . KIND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (Slote | or foreign country) | 12. C TIZEN OF WHAT COUNTRY? |
| | king life, even if retired) | | Pennsyl | wonie | U.S.A. |
| Housewife FATHER S NAME | | | 14 MOTHER'S MAIDEN N | | J.D.A. |
| | | | | _ | |
| Robert MO | | 5. SOCIAL SECURITY NO. 17. 1 | Alice LALO |)KAdd | la. |
| (et no, or unknown) | (Lives done not open of service) | . SOCIAL SECURITY NO. 117. II | NIOKAANI | Add | ress same as #2 abov |
| No | | (F | I) RADM Alexan | der Van Keurer | n, USN, Ret. |
| 18. CAUSE OF DE | ATH [Enter only one cause per | line for (a), (b), and (c).] | | _ | INTERVAL BETWEEN QNSET AND DEATH |
| PART I. DE | ATH WAS CAUSED BY: IMMED ATE CAUSE (6) | onaestive | cardiac | Factore | 2 weeks |
| EI | L CI OUE TO | D 1 - 1 - 0 3 1 1 0 - | | 1131144 | |
| | 0 1) t | 1 . 1 | Linash. | duodenal u | Vene |
| Conditions if a | immediale (D) | 21- Oben 91106 | 1 MILES.1104 | Corrollary 1 | 1068 |
| couse (a), stating | the under- DUE TO | | | | |
| lying couse last. | (c) | | | | |
| PART II. OT | HER'S GNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT | F NOT RELATED TO THE TERMI | NAL DISEASE CONDITION GIV | VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? |
| | | | | | YES 🔀 NO 🗌 |
| CONTRIBUTING | AS UNDERLYING 206 DE G CAUSE OF DEATH MEDICAL EXAMINER | SCRIBE HOW INJURY OCCURRE | ED. (Enter nature of injury in t | Port Lor Port II of item 18) | |
| | | INJURY OCCURRED 20e. PL | ACE OF INJURY (Home form | Foot (Ct) | 10 1 1 |
| Haur a.m. | While | | ictory, street, office bldg etc. | | (County) (State) |
| p. m. | | ark 🔲 of work 🔲 | | | |
| 21. I certify the | ot 🔞 (this haspital) atten | ided the deceased from. | Nov. 23 19 | 60 lo Nov. 27 | , 19_60, that (\ (we) lost |
| | sed alive an Nov . 2 | er(n | death occurred at | OAM | nd on the date stated above. |
| 220 SIGNATURE | SOU CHIEF OIL SEEL ST. SE | 4 ives raina mare | GEATH OCCUTTED OF | my from the couses of | 22b DATE |
| 1.1 | I will head | 23000 | M.D ATTENDING MI | ED STAFF | 11-27-60 |
| 22c PHYS CIAN S | lover hat I've | - with | M.D PHYS DI | RECTOR D PHYS | TT-5[-00 |
| NAME (Type) | Clifford M. HE | RMAN. LT. MC. U | | al Hospital, l | Rethesda. Md. |
| 3a BURIAL CREMATIC | ON, 23b. DATE THEREOF | 23c NAME OF CEMETERY O | | 23d. LOCATION (City town, | |
| REMOVAL (Specify | 12-1-60 | Arlington I | istional | Arlington | Virginia |
| KAERA DIRIGIO | | ADDRESS / | | | ISTRAR'S SIGNATURE |
| K. H. Duy | replaced Jun | val Jone | | | |
| R. A. Pumpl | ngey Funeral Ho | me, Bethesda, N | DATE N | OV 2 9 '60 C | Inthun S. Knows |

Inneral director, ild be filed with r death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a may be retained by the haspital or attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be detached for use as the burial-transit permit. Then please remave carbon papers.

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH 1 () () 7 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

19944

| | | 12874 CERTIFICA | ATE OF DEATH | 140 x3 |
|----|----------|--|--|--|
| | | PLACE OF DEATH A COUNTY MAN + GAMIFR MARYLAND | 2. USUAL RESIDENCE (Where deceased lived If institution: Residence a STATE MARNIA D. 5. COUNTY | e before admission) |
| | ż | CITY OR FOWN (If outside corporate limits, write RURAL and give hearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and gi | ive nearest town) |
| 4 | • | S NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SUBCERBAIN HESPIBS | 17501 WYNDALE RD | e IS RESIDENCE ON A FARM? YES NO |
| 7 | | NAME OF First Middle DECEASED Type or print) ACUISE Middle | EIGHEYER DEATH NOV. | Day Year |
| | 5 5 | WIDOWED DIVORCED | Aug. 4, 1888 lost birthdoy) Months | 1 YEAR IF JINDER 24 HR: Days Hours Min. |
| - | 7 | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) THIS TENCH | ber MAShing ton De | 21.5. |
| E. | | P. OLIVER VEILHEYER | Nellie Leavy | |
| | | | 175 HELEN HOLHES - SI | ANE |
| | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | | INTERVAL BETWEEN ONSET AND DEATH |
| | | Conditions, if ony, which gove rise to immediate couse [o], stating the under: DUE TO DUE TO | in Cardio Rend Divier | 10 year |
| ^ | CATION | lying cause last. (c) | BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | 1(o) 19, WAS AUTOPSY PERFORMED? YES NO |
| | CERTIFIC | 20a ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RED (Enter nature of injury in Part I or Part II of item 18) | |
| | MEDICAL | 20c. TIME OF INJURY Manth, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While of work 10 of w | PLACE OF INJURY (Home, form, 20f (City or town) (City or town) (City or town) | ounty) (State |
| | | 21 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 11/14 19 (a) and tha | t death accurred at # DM, from the causes and on the | ' ' ' ' |
| 1 | | 220. SIGNATURE aluin I Kay | M D PHYS DIRECTOR PHYS | 15- G DATE STONE |
| (| | 22c PHYSICIAN'S NAME (Type) A / VIN I KAY M | 12 18 35 Ey E Sc | nω - |
| | 23a | BUFIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY BUFITAL 11-6-60 III. OLIVE | T CEMETERY LASHINGTON. | (State) |
| | 24 | FRANCIS J. COLLINS 3821 14Th. | ST. N. VI. DATE NOV 7 '60 Colling & | |

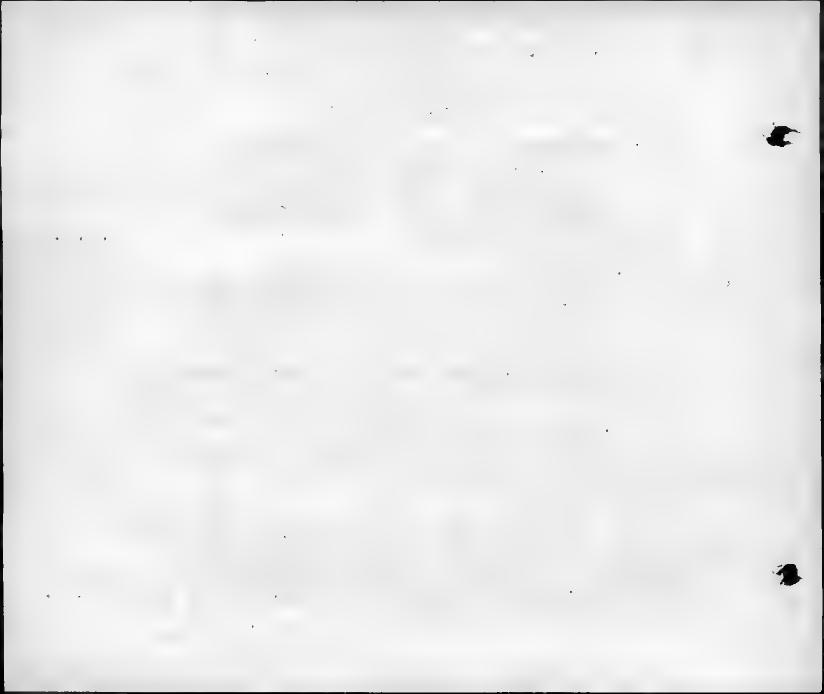
TO HOSPITAL MATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs giver death. Pages may be report by the haspital or attending physician.

TO FUNERAL DIRECTER: After this certificate has been signed by the attending physician and completely filled in by a funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon pages. I and 2 should by first with the State Board of Health prior to burial, cremotion, ar remayal, and in any event, within 72 hours after death. r death. Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

VR A15 (4) 15M 9/59



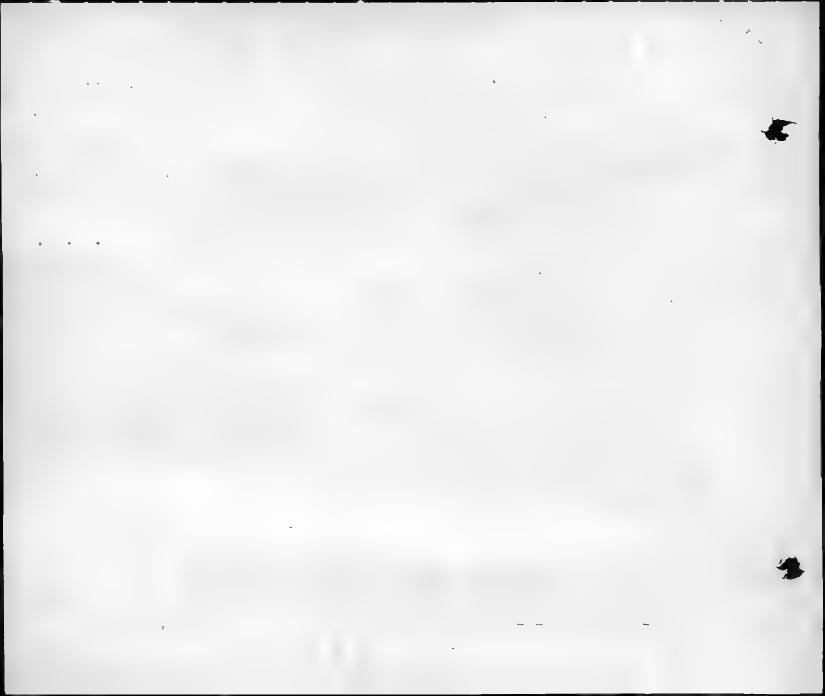


| hours affigr death. Page 4 | 3 | d in by funeral director. | and 2 show d be filed with | |
|--|--|--|--|--|
| nat the death certificate be executed within 24 | | y the attending physician and campletely filler | Then please remove carbon papers. Pages 1 | , and in any eventurithm 72 hours after death. |
| TO HOSPITAL CHITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours affigr death. Page 4 | may be retaine by the haspital or attending physician. | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, | page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. | the State Board of Health prior to burial, cremation, or remayal, and in any everywithin 72 haurs after death. |

YR A15 (4) 15M 9/59

TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours affigr death. Page 4

| | | PLACE OF DEATH | 2 USUAL RESIDENCE (Where deceased fixed If institution: Residence | e before admission) |
|----|---------------|--|--|-------------------------------------|
| 1 | Ľ | MONTGO MENN MARYLAND | Mary land b. COUNTY Mor | daomeris |
| | E | CITY OR TOWN (If outside appointe limits, write / c. LENGTH OF STAY IN 16 BURAL and give nearest town) | c. CITY OF TOWN (If outside corporate limits, write RURAL and g | ive hearest town) |
| | 7 | a Koma Park | Silver Spring 34 | |
| | | d. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION | d STREET ADDRESS | e. IS RESIDENCE ON A FARM? |
| 1. | 1 | Vashington Jan + Hospital | 3913 Little fon St. | YES NO NO |
| - | | NAME OF First Middle | Lost 4. DATE Month | Day Year |
| | | Type or print) Lotta Melvi | na Walliker DEATH NOU. | 4 1960 |
| | 5. 5 | EX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED | lost birthday) Mantha | TYPEAR IF UNDER 24 HRS |
| | | Female White WIDOWED DIVORCED | 3-21-79 8/ yrs. | DOYS MOUS MEI |
| | 10a | USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU- during most of working life, even if retired) | STRY 11, BIRTHPLACE (State or foreign country) 12 CHTS | TEN OF WHAT COUNTRY |
| | \mathcal{H} | ouse wife | 10wa | U. S. A. |
| | 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| | | Knut Liquin | Eliza (unknown) | |
| | | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN. no argunitonin) 4 (If yes, give work or dates of service) | NFORMANT Address | |
| | <u>L</u> | No None | Hospital Records | |
| | | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] | 1 1 1 | INTERVAL BETWEEN ONSET AND DEATH |
| | | PART I. DEATH WAS CAUSED BY: Con Clana IMMEDIATE CAUSE (6) | t; heman hage | Lo du , s |
| | | 33 /X DUE TO | 4 | 1 1 |
| | | Conditions, if any which) (b) (22 426 | Selenoszo, yoursel girl | un known |
| | | gove rise to immediate couse (a), stating the under- | | |
| | _ | lying couse lost. (c) | | |
|) | ă | PART II OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | / '\ | PERFORMED? |
| | 2 | | ered disease_a | YES NO |
| | CERTIFICATION | 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | D (Enter noture of injury in Port I or Port II of item 18.) | |
| | MEDICAL | 1 6. | ACE OF INJURY (Home, form, 20f (City or town) (City, street, office bidg., etc.) | ounty) (State |
| | WED | Hour o. m. While Not while to | clory, street, office diag., etc.) | |
| | | 21. I certify that (1) (this hospital) attended the deceased from | 10/10 1960 to 11/4 1960 | ; ;; that (I) (we) las |
| | | saw the deceased glive an 1/3 1960, and that a | death accurred at A.M. from the causes and an the | |
| | | 22c. SIGNATURE | | 226 DATE |
| | | | M D ATTENDING MED STAFF | 1/4/60 |
| | | 22c. PHYSICIAN'S NAME (Type) FIND MAGI | 9/8 and Block F. S. L. | Ja Say Mich |
| T | 2 3a | BURIA, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY O | OR CREMATORY 23d LOCATION (City, town, or county) | (State) |
| ì | u) | ring-transit 11-5-60 Springdale | e Gemetery Clinton, low | ਜ਼ ਜ਼ |
| | 24_ | EXPLICAL DIPERTOR'S SIGNATURE ADDRESS | 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIC | _ , |
| | | 1.11. [(mys/1/4 - /) / While, | 1) H Mad NOV 9 '60 Chilling & | Traves |



TO HOSPITAL OF

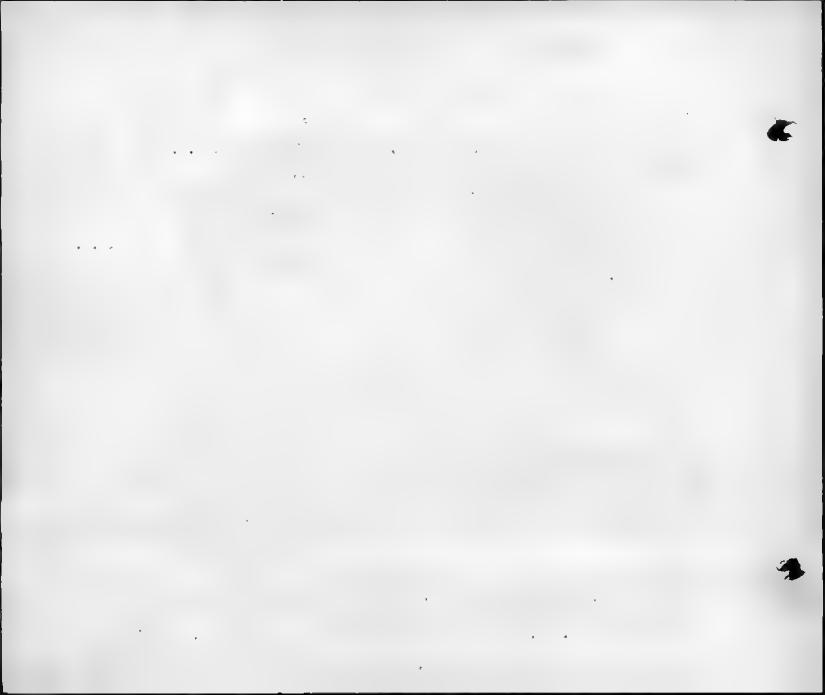
VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1284

| | 12276 | | | | Reg. Dist | Reg. Dist. No. | | | | | |
|---|--|-----------|--------------------------------------|-----------------|--|----------------|------------------------|---------------------------|-----------------------|------------------------------------|---------------------|
| PLACE OF DEATH D. COUNTY Montgomery | 1000 | | MAR | YLAND | 2 USUAL RESIDEN o. STATE Virgini | | ere deceosed | lived It insti b. COUN | | | on) |
| b CITY OR TOWN (if a RURAL and give near | utside corporate limitest town) | ls, write | c. LENGTH OF STAY | IN 16 | e. CITY OR TOW | /N (II o | utside corpore | le limits writ | le RURAL and g | ve nearest lown | |
| Bethesda | | | 21 days | | Vienna, | | | | | (; | 3 |
| d NAME OF HOSPITAL OR INSTITUTION | | | address) | | d STREET ADDI | | | | | e. IS RESI ON A | FARM? |
| The Ulinica | | | | Md. | 510 Wal | ker | _ | t, S.W | • | YES | NO 🔁 |
| 3. NAME OF DECEASED (Type or print) | Mar | | Alice | | Wample | r | 4. DATE OF DEATH | Novem | wonth ber | | 9 60 |
| S. SEX | . COLOR OR RACE | 7 MARR | IED NEVER MARRI | | L DATE OF BIRTH | | | AGE (In yes | | YEAR IF UNDE | |
| Female | White | WIDOW | DIVORCE | 0 🗆 | September | 24 | , 1919 | | yrs Months E | Days Hours | Min |
| 10a USUAL OCCUPATION during most of working | (Give kind of work of life, even if retired) | lone 10b. | KIND OF BUSINESS C | OR INDUS | TRY 11 BIRTHPLACE | (State | ar foreign cou | intry) | 12. CITIZ | EN OF WHAT | COUNTRY |
| Clerk | | | ederal Gov | ernme | nt Neb | rasl | ka | | Ţ | J.S.A. | |
| 13. FATHER S NAME | | | | | 14. MOTHER'S MA | IDEN N | IAME | | | | |
| William R. | Stephens | | | | Ethel | | | | | | |
| 15. WAS DECEASED EVER I | N U S. ARMED FOR | | SOCIAL SECURITY NO |) 17 IN | FORMANT The | Ned: | ical Re | ecord / | Address | | |
| No | | | None | Th | e Clinica | 1 G | enter, | Bethe: | sda 14, | Marylan | ıd |
| PART I DEATH | Enter only one co- WAS CAUSED BY: AMEDIATE CAUSE (a) | Ser | ne for (o). (b). and (c) oticemia, (| | o Pseudom | onas | S | | | interval BET ONSET AND 5 day | DEATH |
| Canditions, it any | which) (b) | Act | ate Myeloge | enous | Leukemia | | | | | 3 Mon | ths |
| gave rise to imm couse (a), stating the lying couse last. | rediate (| | | | | | | | | | |
| CAT. | SIGNIFICANT CON | DITIONS C | CONTRIBUTING TO DE | | | | | | | 1(c) 19 WAS A PERFOR YES Z | SWEDS |
| | UNDERLYING [] I CAUSE OF DEATH IDICAL EXAMINER) | 20b. DESC | CRIBE HOW INJURY O | CCURRED | (Enter nature of inj | ury in P | Part I ar Part I | 1 of item 18.) | | | |
| 20c TIME OF INJURY Hour a. m. p. m. | Month, Day, Yea | While | Not while at work | 20e PLA foci | CE OF INJURY IHom ory, street, affice bld | g., etc. | | · | (Ca | ounty) | (State) |
| 21. 1 certify that olive on Novem | 1 0 | | | death | occurred at 10 | :15 | ADDRESS (Stre | the cause | | e date state: DA | d above TE SJGNE |
| SIGNATURE | T THAT TITE | ADDE: | PIPE M D | N | Nationa | li | nstitu | tes of | Health | 11-9 | /=00 |
| | V. WALTER | | | | Bethesd | a 1/ | i, Mar | yrand | | | ~ |
| 220. BURIAL, CREMATION, REMOVAL (Specify) BUT 181 | Nov. 12, | | 22c. NAME OF CEM | | | | 22d LOCATK | | n, or county) Virgini | (State |) |
| 23. FUNERAL BIRECTOR'S | | | | | | . RECO | BY RECEISTRY | | GISTRAR'S SIGN | | |
| Hieu | 1 avis | 3 | Vienna, | Virg | | 4 1 7 | 10V 1 4 | - | with 1 & | 1 Haus | |



34,

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

| | 19877 CERTIFICATE OF | DEATH | 土板ツキ | |
|---------------|---|--|---------------------------------------|--|
| 1 | PLACE OF DEATH 2 USUAL | RESIDENCE (Where deceased lived. If institution, Residence | e before admission) | |
| | O COUNTY MARYLAND O STATE | MARY LAND COUNTY MON | toomER! | |
| | b CITY OR TOWN (If outside corporate limits write c LENGTH OF STAY IN 1b c. CITY RUBAL and give pearest lawn) | OR TOWN (If outside corporate limits, write RURAL and g | evelhearest town) | |
| | BETHESDA 18 hrs. Ro | CKWILLE, MID | | |
| | d. NAME OF HOSPITAL (If not in hospital, give street address) d STR OR INSTITUTION, | EET ADDRESS | a. IS RESIDENCE | |
| | 3 SUBUYDAN HOSPITAL 10 | 4 DOUGLAS AVE. | YES NOTE | |
| 3. | NAME OF First Middle | LOSI 4. DATE Month OF DEATH NOV. 29 | Day Year | |
| | (Type or print) NATHANIEL WAI | | 1960 | |
| \$. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF | BIRTH 9 AGE (In years IF UNDER lost birthdoy) Manths | 1 YEAR IF UNDER 24 HRS Days Hours Min | |
| L | MA-LE (WIDOWED DIVORCED 7/2 | 8/ 78 62 15 | | |
| 100 | during mast of working life-eyen if retired | | ZEN OF WHAT COUNTRY | |
| L | TRUCK DRIVER FEED COMP. | | 1,5. | |
| 13. | . FATHER'S NAME | HER'S MAIDEN HAME > 110 | | |
| L | Charles H. Warren | Melinda Lee | | |
| | WAS DECEASEDEVER IN U. S. ARMED FORCES? 118. SOCIAL SECURITY NO. 17 INFORMANT (et. no. or unknown) (If yes, give wor or doles of service) | Address | | |
| | No | Werren Brother Sale s | | |
| | 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c)-] | | ONSET AND DEATH | |
| | PART . DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) PUL. MONARY EDE | EMA | | |
| | HA O O DUE TO | - | | |
| | Conditions, if any, which gave rise to immediate (b) NOCARDIAL INF | FARCTION | 24 HRS | |
| | cause (a), stoting the under- | A A second or the second of th | 4.36 | |
| , | lying couse last. (c) ATHEROJCLEROTIC | | L'ALNOW! | |
| l E | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT | ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | PERFORMED? | |
| 2 | UNLNEWN | 20.0 | YES NO | |
| CERTIFICATION | | fure of injury in Part I of Port II of Item 18 j | | |
| MEDICAL | 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJ | URY (Hame, form, 20f. (City or town) (Coffice bldg., etc.) | ounty) (State | |
| MED | Hour a.m. 19 While Nat while factory, street, of work at work | and a second sec | | |
| | 21 I certify that (I) (this haspital) attended the deceased from NOV | 28 1260, to NO 127, 190 | hat (I) (we) las | |
| | saw the deceased alive an NEV 29 1964, and that death acc | urred a 3-5 M, from the causes and an the | | |
| | 22o. SIGNATURE | | 225 DATE SIGNE | |
| | | NDING MED. STAFF DIRECTOR PHYS | SIGNE | |
| ŀ | N14 N4 C (Tr) | ADDRESS 10620 GEORGIA AV | E. | |
| L | EDWARD A. BEEMAN | SILVER STRING, M | <u> </u> | |
| 23 | BUR AL, CREMATION 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATO | DRY 23d LOCATION (City town, or county) | (Stote) | |
| | REMOVAL Secify) 12/3/60 Lincoln Park., | Rockville, Md. | | |
| 24 | FUNESAL DIRECTOR'S SIGNATURE ADDRESS ROCKVILLE, Md. | 250 RECID BY REGISTRAR 256 REGISTRAR'S 5 9 | SNATURE | |
| | rother L. Cumalin Monthline, M. | DATE | 45 8A44 | |



VR A1S (4) ISM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH 12878 CERTIFICATE OF DEATH

12843

| | 1. PLACE OF DEATH a COUNTY | | | | | | 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) o, STATE b. COUNTY | | | | | | | | |
|---|----------------------------|--|----------------------------|------------------|--------------------|------------|---|---|---------------------|-----------------------------------|------------|-----------------|----------------|----------|--|
| | | 1.4 | TGOMERY | | M | ARYLAND | o. STATE MARYLAND 6 COUNTY MONTGOMERY | | | | | | | | |
| | | b. CITY OR TOWN (IF RURAL and give no | outside corporate fimits | s, write | c. LENGTH OF S | TAY IN 16 | с. (| CITY OR TOWN (IF | outside corpor | ate limits, write R | URAL ond | Bise ueai | est fown |) | |
| | OLNEY 53 HC | | | | | | X | GERMAN | TOWN | | | | | | |
| | | OR INSTITUTION | At (if not in haspital, gi | oddress) | _ | "d | STREET ADDRESS | · | | | | IS RESI | DENCE FARM? | | |
| 3 | | | ONTGOMERY G | ENER, | AL HOSPIT | FAL | 1 | | | | | | | NO 🔲 | |
| | 3. | NAME OF DECEASED | Firs | t | Mic | ddle | | Last | 4. DATE | Mor | eth | Day | ٧ | 'eor | |
| | | (Type or print) | MAR | Y | Joh | INSON | WA | SHINGTON | DEATH | NOVEMB | ER 1 | 9, | 1 | 9 60 | |
| | 5 | SEX | 6. COLOR OR RACE | 7 MARR | IED 🔲 NEVER MA | RRIED 🔲 | B DATE | OF BIRTH | | 9 AGE (n years last birthdoy) | | | | | |
| | | FEMALE | COLORED | WIDOWE | DIVO | RCED 🔲 | 11- | 41916 | | L14 yrs | Months | Doys | Hours | Min | |
| | 10a | JSJAL OCCUPATIO | N (Give kind of work d | one 10b. | KIND OF BUSINES | S OR INDU | TRY 11 | 8IRTHPLACE (State | or foreign co | suntry) | 12 CIT | ZEN OF | WHATC | OUNTRY? | |
| | | | | Н | OLSEWIFE | | } | MARYLAN | D | | | USA | | | |
| | 13 | FATHER'S NAME | | | | | 14 M | OTHER S MAIDEN I | NAME | | | | | | |
| | | | Unknown | | JAHNSON - | | | ISABELL | DORSEY | | | | | | |
| 7 | 15. | WAS DECEASED EVER | I IN J. S. ARMED FORC | CES? 16. | SOCIAL SECURITY | NO 17 IF | IFORMA | INT | | Add | ress | | | | |
| | Ĺ | | | | | | HOSPITAL RECORDS, OLNEY, MARYLAND | | | | | | | | |
| | | 18. CAUSE OF DEA | TH [Enter only and cau | se per lir | e for (o), (b) and | (c)] | 17 | 6 11 | 7- | 19 | | INTE | T AND | WEEN | |
| | | PART I DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) Male Comment Styfill (Cal) 200 | | | | | | | | | | | | | |
| | | | DUE TO | 6 | 5 | . 0 | | 21/1 | | _ | 1 | | | | |
| | | Conditions, it any, which) by the level Wellines Theres Theres | | | | | | | | | | | | | |
| | | gove rise to immediate out to p. C. F | | | | | | | | | | 1 . | | | |
| | | ly ng couse lost. (c) 1.7216606666 Milled Marin Clarify Cle south of Market | | | | | | | | | | LICEA | | | |
| | CATION | PART II OTH | ER SIGNIFICANT CONE | OFFIONS C | ONTRIBUTING TO | DEATH BUT | NOT RE | LATED TO THE TERM | INAL DISEASE | CONMITION G | VEN N PAR | T 1(a) 19 | PERFO | RMED? | |
| | | | | | | | | | | | | | YES-K | NO 🗆 | |
| - | CERTIF | 200 ACCIDENT WA | CAUSE OF DEATH | 206 DESC | ERIBE HOW INJUR | Y OCCURRE | D. (Enter | noture of injury in | Port For Port | II of item 18) | | | | | |
| | | (IF EITHER, NOTIFY | MEDICAL EXAMINER) | | | | | | | | | | | | |
| | MEDICAL | 20c TIME OF INJUR Hour a m. | f Month, Doy, Yea | 20d. If White | Not while | 20e. PL | ACE OF story, str | INJURY (Hame form eet, office bldg., etc | n, 20f (City :.) | or town) | (| County) | | (State) | |
| | ME | p. m. | 19 | of wor | k 🔲 at work 📋 | | | | | , , | | | | | |
| | | 21 I certify tha | t (1) (this hospital) | attend | led the deceas | ed from | 11/1 | ? / | 6 lo_ | 11/9/ | , 194 | <u>্</u> থ, the | at (1) (s | we) last | |
| | | saw the deceas | ed alive an | 1/19 | 1960. | and that c | leath c | occurred of 20 | My from | the causes or | nd an the | e date | stated | abave. | |
| | | 22a MGNATURE | _ | | | | | | | | | | | DATE | |
| | - | SIM | cador | , 4 | | | M D PI | HYS 💆 Ö | RECTOR - | STAFF PHYS | | | 1/27 | 4/60 | |
| | | 22c PHYSICIAN'S NAME (Type) | C F M | EA | DORS, | ۸. ۵ | 22 | DA MA | cont | Ov 273 | | | _ | | |
| | _ | | G ., | | 00K5, 1 | M 1) | | עה אכ | 2001 | 1 174 | | | | | |
| | 230 | BURIAL, CREMATIO REMOVAL (Specify) | N 236. DATE THEREO | F | 23c NAME OF C | CEMETERY C | R CREM | ATORY | 23d LOCAT | ON (City town, | or county) | | (State | •) | |
| | | Farial | 0 11/22/ | 50 | St | Marks | Cem | etery | | BoyoYi | <u></u> | | | | |
| | 24' | FUNERAL DIRECTOR | S SIGNATURE | 1 | ADDRESS | ./ 1 | 0. | 250 REC | D BY REGIST | | STRAR'S SI | GNATUR | Ε | | |
| ^ | K | theit | Frand | en | 1 ABC | Kirch | e | DATENO | 1 4 0 5 | an | Churt 9 | Harris | | | |



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VR A15 (4)

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Board

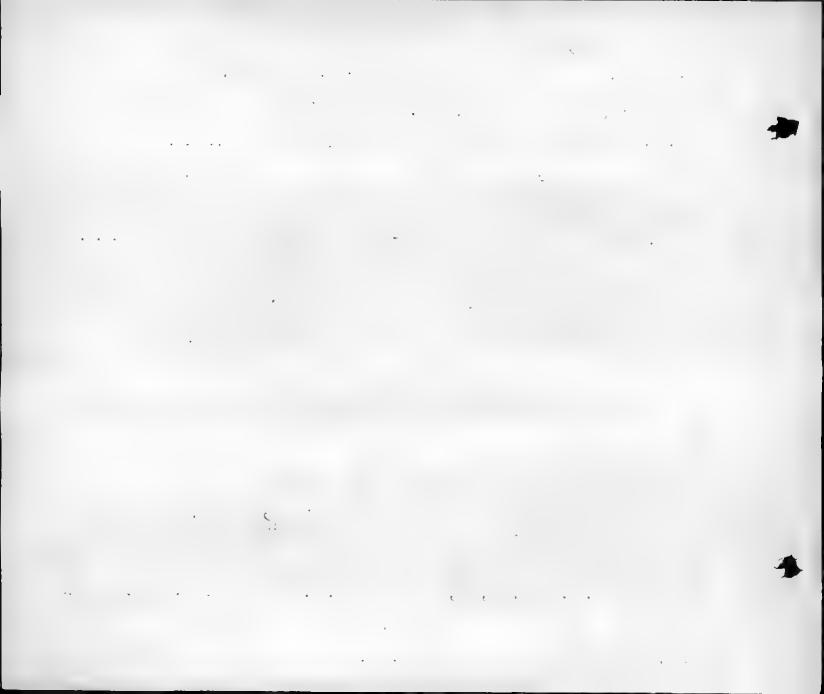
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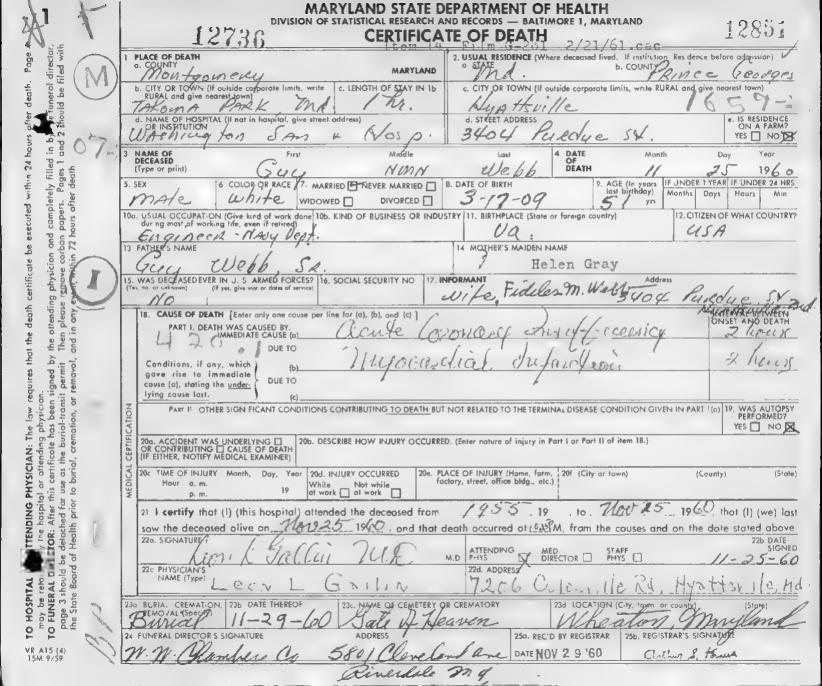
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death,







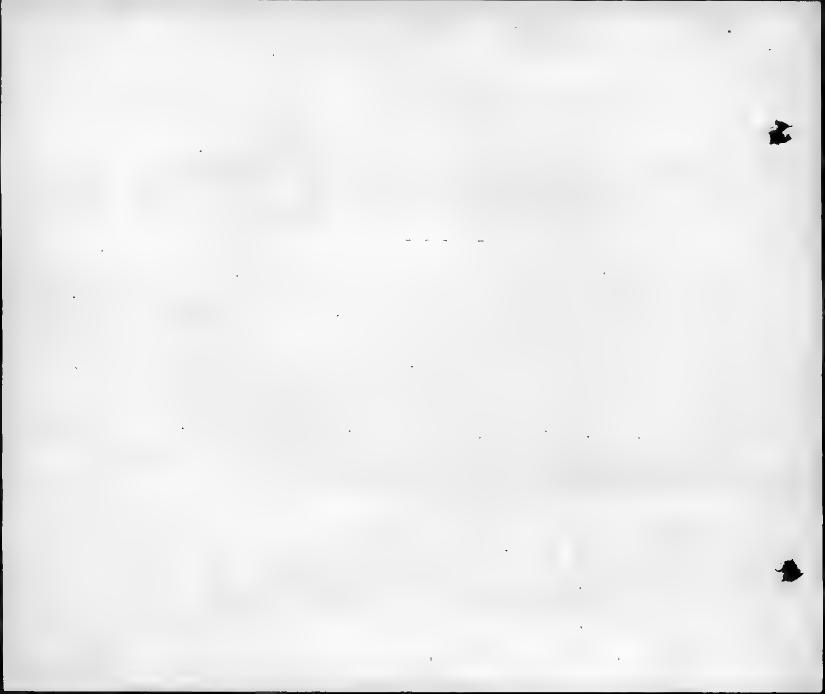
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| | | | <u> </u> | | | | | | | | | |
|--------------------------------------|---|-------------------------|-------------|----------------------|------------|-----------------------|--------------------|------------------|---------------------------------|-------------|---------------|--------------|
| 1. PLACE OF G. COUNT | Υ | | | M | ARYLAND | 2 USUAL RESID | DENCE (Wh | ere deceased | lived. If institut 5. COUNTY | | nce before oc | imission) |
| b CITY O | Montro R TOWN (If outs o ond give nearest t | de carporate limit | s, write | c. LENGTH OF S | | | vlend ówn (if o | | ote limits, write l | | give negreti | |
| NONTE | Bethesda | * | | 5 day | ·c | Che | vv Ch | 250 | | | | |
| d. NAME | OF HOSPITAL (IF | | ive street | | | d STREET A | | noe- | | | | RESIDENCE |
| OR INS | MONTETIT | 1 1 | | | | | 5.0 | | | | | S NO D |
| a HAMP A | | ıburban_ | | | | | 29 | 4. DATE | We. | -1 | | |
| 3. NAME OF DECEASED (Type or p |) | France | | T-F | ddle | White | | OF | Novemi | | 18 | 19 60 |
| 5 SEX | 6. C | | | IED NEVER MA | ARRIED | B. DATE OF BIRTH | | | 9 AGE (In years | | | INDER 24 HRS |
| | 7 | m • 1 | WIDOWE | DIVO | XCED □ | 11/02 | laa | | lost birthday) | Months 1 | 25 Ho | ours Min. |
| POLICIE | | hite | | - Array | SS OR INDU | STRY 11. BIRTHPL | 4-6-6 | or fareian co | | 1 24 24 | | IAT COUNTRY? |
| during n | lost of working life | a, even if retired) | | | | | | | • • | | | |
| | House | wife | | | | 1 | ACV | H TAN | ew York | | U.S.A | |
| 13. FATHER'S | NAME | | | | | 14. MOTHER'S | MAIDEN N | IAME | | | | |
| | Herma | an Umi | ml-+ | | | | Flla | Cook | 9 | | | |
| 15 WAS DEC | EASED EVER IN | . S. ARMED FOR | CE3? 16. | SOCIAL SECURITY | NO. 37. II | NFORMANT | I Deministry | 18 | Add | lress Trans | rms Rd | |
| No. | let has' i | land wer or delet or re | n.Ascu) | Unknown | 1 | | | 10 | | | 1115 PUL | • |
| | SE OF DEATH I | Enter only one col | ure per liv | ne for (a), (b), and | | Henjami | n, Hina | 19)/ | Lexingte | m, M | INTERVA | AL BETWEEN |
| | | , | J. Par III | 12.7 | - (01.) | / | The same | 5.1 | 4 | | | AND DEATH |
| I Ima | ART I. DEATH W | DIATE CAUSE (0) | 1 | De L | July 1 | 1.16.1 | 1.1 | 1. 17. 1 | 11/4 | | - | J 4 W 1 |
| 1 3 | 3 X | DUE TO | 9.4 | | | | | 11/ 4 | 42 | | - 25% | - market |
| | ions, if ony, w | | , xx | 14 : 1/1/ | 4/1 | Action Africa | Px ut | F # 2 2 | In It | 77 | 1 | £ |
| | rise to immed o), stoting the un | | - | | - | 4 | K mingh ye | , , | | | January . | |
| | ouse lost | (c) | x | 1. It t | 2 to | -t. 2 × | 22. | 14 | - | | | " NE |
| Z | ART II OTHER SE | GNIFICANT CON | DITIONS (| ONTRIBUTING | DEATH BUT | NOT RELATED TO | THEJERMI | NACO SEASE | CONDITION G | VEN INTA | RT 1(o) 19 V | VAS AUTOPSY |
| CATION | 18912 | 7. F | | 2 2 2 1 2 | An I | X N'1 A 7 | 11 M | 7.1 | 194 20 | , | | S NO |
| 200 ACT OR CON (IF EITH) | CIDENT WAS UNITRIBUTING CAR. NOTIFY MEDIC | USE OF DEATH | 206. DES | CRIBE HOW INJU | RY OCCURRE | D. (Enter holure o | f injury in I | Port 1 or Port | II of stem 18, | | | |
| | | onth, Doy, Yea | r 20d II | NJURY OCCURRED | 20e. PL | ACE OF INJURY | Home, form | , 20f (City | or town) | (| (County) | (Stote) |
| Ho Ho | ur o.m. | 19 | While | Not while | | ctory, street, office | bldg., elc. | 1 | | | | |
| | p. m. | | | | | | | | 11 15 | - | 1 | |
| 21 I C6 | rtify that (I) | (this haspital |) attend | led the decea | | | | | NOU 18 | | | |
| saw th | e deceased a | live an 1 | OUL | 19.60 | and that o | death accurred | d at jos | M, fram | the causes a | nd an th | e date sta | |
| 220 SIG | NATURE 1 | | | Ola 1 | 1 | | | | | | | 226 DATE |
| | -5 | lucey/ | 1 | WURL | 6 | M.D. PHYS | MI | RECTOR | STAFF PHYS [| | 111 | 18/60 |
| | SICIAN'S | | 1 | 7011 | | 22d, ADDRE | :ss | | | O. h | 1001 | Chas |
| NA | WE (Type) | tewar | 7- 0 | lann | | 4740 | Che | WY Ch | lase DA | . (7) | W | 1. |
| 230 0 0141 | CREMATION 12 | DATE IMPREO | IK. | Lepp | CEMETERY # | D COSHLETORY | | 1004 1004 | HON COS AND | | | /C1-4-1 |
| REMOV | AL (Specify) | | | | | R CREMATORY | | | TION (City, Town, | , , | | (Stote) |
| | ation | 11/19/1 | 960 | Cedar | Hill | | | | <u>nce Geo</u> | | | and |
| | DIRECTOR'S SIGN | _ | - | ADDRESS | 300 | 1 1 | | D BY REGIST | | ISTRAR'S SI | GNATURE | |
| Rober | rt A. Pu | mphrey | Re | ethesda, | Mary | land | DATENO | 1 2 2 160 | 0. | 12. 7 9 | the week | |

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 hour disectored for use as the burial-transf permit. Then please remayer carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, an removal, and in any event, within 72 hours after death

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12737 **CERTIFICATE OF DEATH**

death. Page 4 neral director, fill ad with

TTENDING PEYSICIAN: The lam requires that the death combificate be executed within 24 haurs

TO HOSPITAL

VR A15 (4) 15M 9/59

may be retain the type haspital or attending physician.

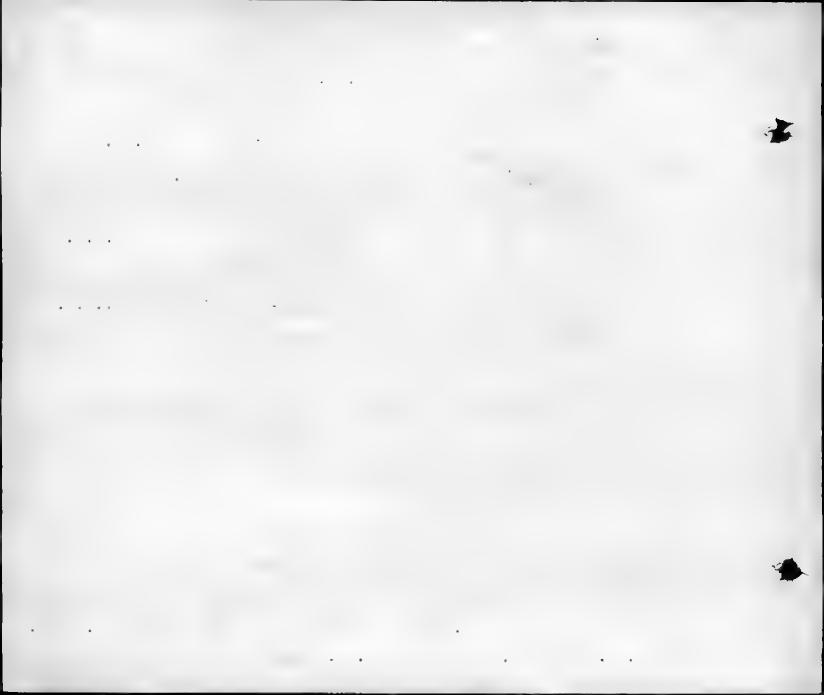
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers Page 3 and 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers Page 3 and 3 the State Board of Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

anld be

Pag= ? and 2 3h

12853

| -45 | | | | | | | | | | | | | | |
|---|---|-----------|--------------------|-----------|-------------|---------------------------------------|--------------------|------------------------|------------|----------------------------|---------------|------------------|-----------|----------------------|
| 1 PLACE OF DEATH 0 COUNTY | Montgomery | r | M | ARYLAND | 2. I | STATE C . | E (Whe | ere deceased | | f institute COUNTY | on Reside | ence befo | re admis | s on) |
| b city or town RURAL and give to Takoma | (If outside corporate limit negrest town) Park | s, write | c LENGTH OF ST | TAY IN 15 | | Washi | ` . | | rale limit | i, write R | URAL and | give ned | prest fow | n) |
| d NAME OF HOSP OR NSTILLON Eventide | Nursing F | ome | oddress) | | | d. STREET ADDR | | ourn | e Pl | ace. | N. | W. | | FARM? |
| 3 NAME OF DECEASED (Type or print) | LORA | | Mic | dle | | WHITE | | 4. DATE OF DEATH | No | Mon | 13 | Do | lγ | Year 19 60 |
| 5. SEX fomale | 6. COLOR OR RACE | 7. MARR | IED NEVER MA | RRIED 🔼 | | 1/23/76 | 5 | | 9. AGE (| In years randoy) yrs | Months Nonths | R 1 YEAR Doys | Hours | Min. |
| 10a USUAL OCCUPAT during most of wo AT HOM | ION (Give kind of work d rking life, even if retired) | lone 10b. | KIND OF BUSINES | S OR INDU | ISTRY | 11. BIRTHPLACE | (Stote o | or foreign a | ountry) | | | U.S | | COUNTRY |
| 13. FATHER'S NAME George | White | | | | 14 | Mother's MAI | | | | | | | | |
| 15 WAS DECEASED EV (Yes, no, or unknown) | ER IN U. S. ARMED FOR | LAICE) | social security | | nfor Iwa | want rd Whi | te- | 1753 | Kil | bou. | ress W | | | ton, |
| PART! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if any, which gave rise to immediate cause (o), stoling the under: Lying couse lost. (c) Conditions of any which gave rise to immediate couse (o), stoling the under: Lying couse lost. | | | | | | | | | 5 | -/6 | gn. | | | |
| PART 1 OT | THER SIGNIFICANT CON | | ONTRIBUTING TO | DEATH BU | TNOT | RELATED TO THE | TERMIN | NAL D SEAS | F CONDI | TION GIV | /EN IN PA | (RY 1(o) 1 | PERFO | AUTOPSY ORMED? |
| OR CONTRIBUTION | /AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. DESC | TRIBE HOW INJUR | Y OCCURRE | ED. (Er | iter noture of inju | ury in P | ort I or Por | til of de | m 18) | | | | |
| 20c TIME OF INJU Hour o. m. p. m. | 10 | While | Not while of work | fe | LACE (| OF INJURY (Home street, office bld | e form, g, etc) | 20f, {City | or town | | | (County) | | (State |
| | at (I) (this hospital |) attend | | | | occurred of | | At, from | | | | | | (we) las di obove |
| 220 SIGNATURE | Marde | go | mD. | | M.D | ATTENDING PHYS Z | ME | | STAFF | | ~ I | 11/ | | SIGNED |
| NAME (Type) 23a BURIAL CREMATI | ON 23b DATE THEREO | KRD | ROP. 1 | MD. | 30 CD | 800 PE | RS | HING 23d LOCA | DR | IVE _ | Situ | ER | PRI | ng! |
| Cremation | H 11/16/60 | | Ft. Lin | | - | remato | ry | Pri | nce | Geo | rges | Co | | Md. |
| The S. | | o. V | ADDRESS Vashing | ton, | D. | | | BY REGIST | | | STRAR'S | | | |



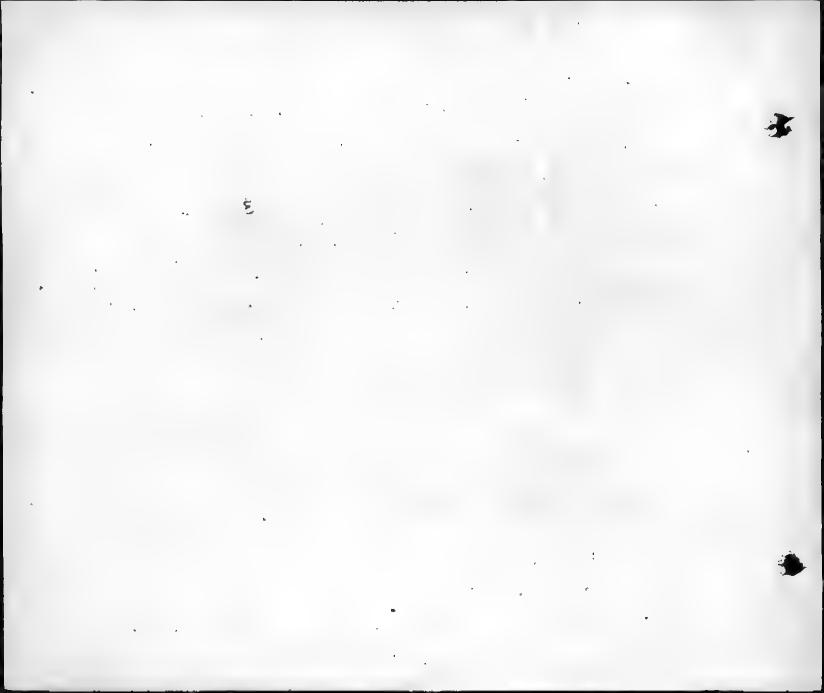
Date Disk No.

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12881

| CERTIFICATE | OF | DEATH |
|-------------|------------|--------|
| CERTIFICATE | U L | VEATIN |

| | | | | Keg. Dis | 1. 140. |
|---|---|---------------------------|------------------------|-------------------------------------|--|
| o. COUNTY | MARYLAND | 2. USUAL RESIDENCE (V | | . If institution Residence | e pefore admission) |
| b. CITY OR TOWN (if obliside corporate traits write c. LI RURAL and give negres/town) | ENGTH OF STAY IN 16 | E CITY OR TOWN | outside corporate ju | mits, write RURAL and g | ive regrest town - |
| Dethes | HE | 76 0 | Iver S | PRING | 0 |
| or INSTITUTION Dur burn burn burn burn burn burn burn bu | Huspital | SOII | EAS tern | Ave. | e is residend on a farm yes \[\] no |
| 3. NAME OF DECEASED (Type or print) BARREH | Middle | Oilliams | 4 DATE OF DEATH | Month // | Day Year 12 196 |
| | NEVER MARRIED | DATE OF BIRTH | 9. AG | | YEAR IF UNDER 24 H |
| WIDOWED ₩ | DIVORCED 🗖 | 12-14-1 | 893 | birthday) Months | Days Hours Mi |
| Out USUAL OCCUPATION (Give kind of work done 10b. KIND dyring most of working life, even if retired) | OF BUSINESS OR INDUS | TRY 11 BIRTHPLACE (Stol | te or Foreign country) | 12.01712 | EN OF WHAT COUNT |
| 13. FATHER'S NAME | OST OTRICA | 14. MOTHER'S MAIDEN | NAME | - | 0.077 |
| sacharial le | 1/18ms | Vien 2 | elia | R. Son | sed. |
| (Yes, no. or unknown; | | FORMANT | 11 · ~ | Address 5/0 | of le french |
| 18. CAUSE OF DEATH [Enter only one couse per line for | 03-0505 | itula We | Elling, I | anew or | INTERVAL BETWEE |
| PART I. DEATH WAS CAUSED BY: | ocae din | Tingsomet | soute am | Sedal | ONSET AND DEAT |
| IMMEDIATE CAUSE (o) 1 (1) | A CHICARI | <u></u> | 110311111 | 1 1 1 | -, |
| Canditions, if any, which) (b) | teriosch | erosis of | COLDI | zery Hutin | 4 |
| gave rise to immediate DUE TO | | , | - | | |
| lying cause lost. (c) | | | | | |
| PART II. OTHER SIGN FICANT CONDITIONS CONTE | HBUTING TO DEATH BUT | NOT RELATED TO THETER | MINAL DISEASE CON | IDITION GIVEN IN PART | 1(a) 19 WAS ALTOI PERFORMED YES M NO |
| 200 ACCIDENT WAS UNDERLYING [] 206. DESCRIBE OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] | HOW INJURY OCCURRED | Enter noture of injury in | Port Lor Part II of | item 18.) | |
| = ' | | CE OF INJURY (Home, for | | wn) {C | ounty) (St |
| ≥ p. m. 19 at work □ | at work | | | | |
| 21. I certify that Lattended the deceased fi | * | 7_, 19 <u>60</u> , to | | , 19.62,that I las | |
| alive on 10012 19.60 | , and that deoth | accurred at 1/10/ | | | |
| ACTUAL SIGNATURE Michel MCK | inder, | A.D. 10620 | ADDRESS (Street, o | ity or town, stole) | DATE SIGN LOVE IS how flow kyd. |
| PHYSICIAN'S Michael R.Dobri | dge | | | | |
| | NAME OF CEMETERY OF LENWOOD Ce | | | City, town, or county) ng to n.D.C. | (State) |
| 3 FUNERAL DIRECTOR'S SIGNATURE | ADDRESS // 0 / | 240. RE | C'D BY REGISTRAR | 24b. REGISTRAR'S SIG | |
| The SH Stendan For 3,90 | 71-14H AT | 12 71 DANO | V 1 5 '60 | C.N. 9 4 | |



12855

| | 17002 | CERTIFICA | TE OF DEATH | | | 1.6 | (4) |
|------------------------------------|--|-------------------------------|--|-------------------------|-----------------------|----------------------|---------------------|
| 1. PLACE OF DEATH | | | 2 USUAL RESIDENCE (W | here deceased lived. | If institution Reside | ence before admi | ssion) |
| | ALITGO, F.RY | MARYLAND | 1ARYLA | ND " | COUNTY MONT | CGO ₂₁ LY | |
| | N (If autside carporate limits, wri | c LENGTH OF STAY IN 16 | G CITY OR TOWN (IF | outside corporate lim | its, write RURAL and | give nearest for | รก) |
| | TICLLA | 10 days | ***(| SILVER SPI | RING | | |
| d NAME OF HOS | SPITAL (If not in hospital, give str | reet address) | STREET ADDRESS | 170 177 | | ON | A FARM? |
| | - Add to the land of the | pital | 10210 MEN | 7 | | TES | ☐ NO 🔀 |
| NAME OF DECEASED | First | Midd e | losi | 4. DATE OF | Month | Day | Year |
| (Type or print) | HEILER | LOUISE WILSO | | DEATH | Nov. | 6 | 19 60 |
| S. SEX | 6. COLOR OR RACE 7. N | | B. DATE OF BIRTH | 9. AGE | birthday) Months | Days Hours | |
| Female | | OWED DIVORCED | 11/23/14 | 45 | yes | | |
| Do. USUAL OCCUPA | | 106 KIND OF BUSINESS OR INDU | | or foreign country) | 12 CI | TIZEN OF WHAT | COUNTRY |
| | Analyst | Rexon Electronic | Calif | Cornia | | U.S.A | |
| 3. FATHER'S NAME | 1 STATE OF THE PARTY OF THE PAR | | 14. MOTHER'S MAIDEN | | | | |
| William | F. FAUVER | PVVVV9ENOV | Edith M. | mondston | | | |
| S WAS DECEASED | EVER IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. II | NFORMANT | INCORUS COLI | - Address | | |
| (Yes, no, or unknown) | (It yes, give war or dates of service) | 527-26-3750 | a 50 1 1 | 10 | T | | |
| TAN CALLER OF | DEATH JESS | | Son Robert | (Same as | I T.S.T. Z. | INTERVAL | DETNACEES. |
| | DEATH {Enter only one couse po DEATH WAS CAUSED BY: | er line for (a), (b), and (c) | 2 5 | 1/ | . > | ONSET AN | D DEATH |
| 1 | IMMEDIATE CAUSE (a) | 170/1011 | C / /- | 1101 | * / | | |
| ं गाँ | DUE TO | 111. 1 | 1 | . = 41 3 | 12 | 1 . 1 |) |
| Canditions, i | | 1781311 | c / | 1-CKC | 152/52 1 | U12191 | |
| gave rise to couse (o), stati | | ' / | | | | . 1 | |
| lying cause la | | | | | | | |
| PART 5 | OTHER SIGNIFICANT CONDITIO | NS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE CONE | DITION GIVEN IN PA | ART 1(a) 19. WAS | S AUTOPSY ORMED? |
| PART 5. | 20106 | OFK4 Kldre | 100 / Of | on LAN | | | J-NO [|
| 200 ACCIDENT | ING CAUSE OF DEATH | DESCRIBE HOW INJURY OCCURRE | D. (Enter noture of injury in | Port I or Port II of it | em 18) | | <u> </u> |
| THE EITHER, NOT | THY MEDICAL EXAMINER) | | | | | | |
| 20c TIME OF IN | | | ACE OF INJURY (Hame, fari ctary, street, affice bldg., et | m, 20f (City or tow | n) | (County) | {Stote |
| E P. | | hile Nat while at work | ,,, | | | | |
| 21 certify | that (I) (this hasnital) att | ended the deceased fram. | 10/17 10 | 60.10 11/6 | 6/60 19 | , that (I) | Iwal la |
| · · | eased alive on | 160_19 ond that a | | | -, | | |
| 220 S GMAJURE | | a a | degin occurred of | TM, from the c | auses and on H | | 72b DATE |
| 1/11 | V. () Kat | Water- | M D PHYS. | AED. STA | FF _ | -7/ | SIGNE |
| 22c PHYSICIAN | and the | | M D PHYS. D | THY | 2 [] | Nev 7 | 1960 |
| NAME (Type | | RRFN | 1015 | horaral | 7 7 8 | - // | 20 |
| 1-/ | | | 1000 | DRINGAL | - U ~ | , na | 1 |
| 230 BURIAL, CREMA REMOVAL (Spec | Author Landson | 23c NAME OF CEMETERY C | OR CREMATORY | 23d LOCATION (C | by town or county | r) (St | ote) |
| CREMATION | 11/9/60 | FT. LINCOLN C | REMATORY | PRINCE GE | O. COUNTY | Y. MD. | |
| MATHERAL DIRECT | OB'S SIGNATURE THE | SILVER SPRING | MD 250 REC | D BY REGISTRAR | 256, REGISTRAR'S | | |
| Camun | La. Busho | DILIVER DEKING | DATE DATE | DA I 4 DO | Cartain 2 | Thursday | |
| 7 | 7 | | | | | | |

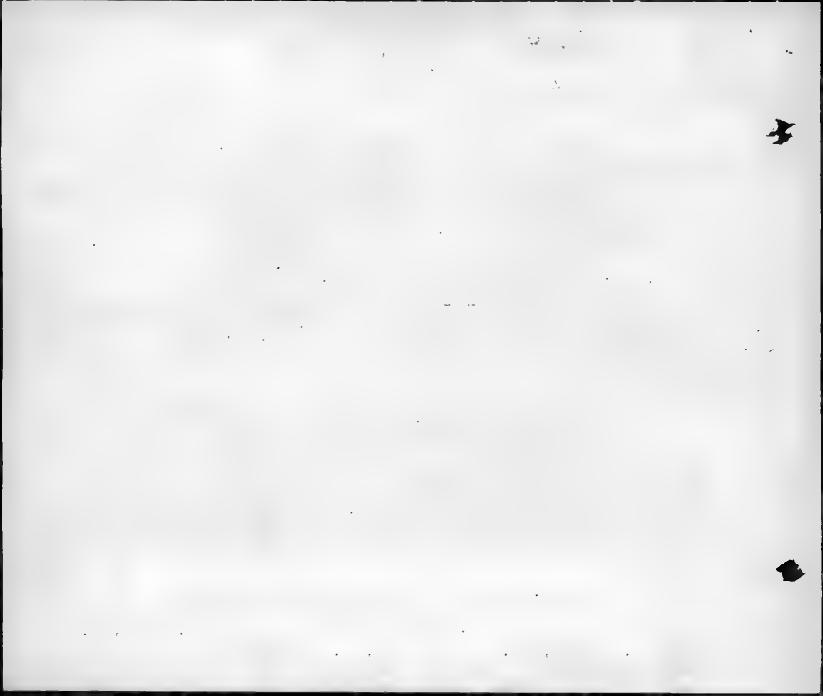
r death. Page 4

may be retained the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by Pe funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or remayal, and in any event within 72 have after death.

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. TO HOSPITAL

VR A15 (4) 15M 9/59



| - | | | |
|--|---|---|--|
| UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, | ge 3 shauld be detached far use as the burnal-transit permit. Then please remaye corken papers. Pages 1 and 2 shauld be filled with | in any event within 72 aurs after death | |
| UNERAL DIRECTOR: After this certificate has been signed by the c | ge 3 shauld be detached far use as the burial-transit permit. Then | State Board of Health prior to burgo, cremation, ar removal, and in any event within 72 laurs after death | |

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours giver death. Page 4

| 1. | PLACE OF DEATH COUNTY Montgomery | MARYLAND | 2 USUAL RESIDENCE (Where Maryland | e deceased lived of institution, Res b. COUNTY MONTEGE | |
|-----------|---|---------------------------|---|--|---|
| | b C TY OR TOWN (If outside corporate limits, write PURAL and give nearest town) | c. LENGTH OF STAY IN 16. | | ude corporate limits, write RJRAL (| ond give nearest lown) |
| | d NAME OF HOSPITAL (If not in hospital, give street of the small Smitarium & Hospi | oddress) tal | d STREET ADDRESS | hase Drive | e is residence on a farm?. Yes \(\) no \(\) |
| | NAME OF DECEASED (Type or print) Robert E. I | Middle W | iltberger 4 | I. DATE Month OF DEATH NOV. | 23 Year 19 60 |
| | Male White WIDOWE | D DIVORCED | B. DATE OF BIRTH June 15, 1866 | loss by theay) Mon | |
| 10c | USUAL OCCUPATION (Give kind of work done 10b. | KIND OF BUSINESS OR INDUS | Most, Wash | ington D. C | U.S. |
| x′ 15 | | | 14. MOTHER'S MAIDEN NAM | BORAH. Address | |
| 1 | 1B. CAUSE OF DEATH [Enter only one coust per lin PART I. DEATH WAS CAUSED BY | | fe Mrs. Firgin | ia Wiltherger (| INTERVAL BETWEEN ANSET AND DEATH |
| | Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. | errar Ci | Sing Sour | , 14 | 3-10 MM |
| IF CATION | PART II. OTHER SIGNIFICANT COND TIONS C | CRIBE HOW INJURY OCCURRED | Saratative. | | PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO! |
| AL CERTIF | OR CONTRIBUTING DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER) | | | | (County) (State) |
| MEDICAL | Hour a.m While | | ACE OF INJURY (Hame, farm, trary, street, affice bldg., etc.) | (City of rown) | (County) (State) |
| | 21. I certify that (I) (this haspital) attends and the deceased alive an accordance 221 SIGNATURE | 19 0, and that d | eath accurred at 9 M | A, from the causes and an | that (I) (wa) last the date stated abave. |
| | 25 PHYSICIAN S HAMALITYPPY , GRAY | STA. M.D |). PAPPRESS CA | edy Chase) | 12 Ch. Ch. M8 |
| | BUT141 236 DATE THEREOF | Mt. Olivet | Cemetery 2 | Frederick, | Maryland (Store) |
| 24. | FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey | ADDRESS Bethesda, Ma | A/(1) | BY REGISTRAR 256 REGISTRAR CALL | 'S SIGNATURE |
| | | | | | |

TO FU VR A1S (4) 15M 9/59



TO HOSPITAL CATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page CATTENDING PHYSICIAN: PAGE PHY

| b. CITY OR TOWN III ovalide corporate limits, write RURAL and give nacest in RURAL and give nace | | 12752 | CERTIFICA | ATE OF DEATH | Reg | . Dist. No. 128 |
|--|--------------|---|-----------------|--|--|-----------------------------|
| Consider the composition of the control of the co | 1. (| o. COUNTY Montgomery | MARYLAND | 2. USUAL RESIDENCE (Where decease o. STATE / Dura Correct | | ildence before admission) |
| 3. NAME OF DECEASED IN COLOR OR PACE Middle DOY DECEASED S. SEX S. COLOR OR PACE TOWNDOWED DIVORCED 9/14/92 9. ACE (In year Loub birdhory) G. B. WILLIAM COCURRED DIVORCED DIVORCED 9/14/92 9. ACE (In year Loub birdhory) G. B. WILLIAM COCURRED DIVORCED | | RURA), and give nearest town) | 1:1 | I to a some | | and give nearest town) |
| DECASED (Type or prim) 5. SEK 6. COLOR OR ACE 7 MARRIED NEVER MARRIED 9/14/92 9/14/ | | d. NAME OF HOSPITAL (If not in hospital, give street odds or INSTITUTION 2809 University | Blvd. W. | | 1316, hest | IS RESIDEN ON A FAR YES NO |
| SUBJECT STATE WIDOWED DIVORCED 9/14/92 1051 State 1075 S | | DECEASED E I C I C | Middle | 1, 111 1 (-12) OF | 11 | Day Yeor / 19 6 |
| Address Addr | 5. S | 1 | k | | lost birthdoy) Mont | |
| Christian Treffeisen Maria Safomea Koch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IT was deceased ever in U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IT was deceased ever in U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IT was deceased ever in U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IT was deceased ever in U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IT was deceased ever in U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IT was deceased ever in U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IT was deceased ever in U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IT was deceased for Information of the U. S. ARMED FOR INFORMANT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. We present the U. S. ARMED FOR INFORMATION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. We present the U. S. ARMED FOR INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR TIME OF INJURY Month, Doy, Year 20d. NJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR TIME OF INJURY Month, Doy, Year 20d. NJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR TIME OF INJURY Month, Doy, Year 20d. NJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR TIME OF INJURY Month, Doy, Year 20d. NJURY OCCURRED (Enter nature of injury in Part 1 or Item 18.) OR TIME OF INJURY Month, Doy, Year 20d. NJURY OCCURRED (Enter nature of injury in Part 1 or Item 18.) OR TIME OF INJURY Month, Doy, Year 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f. (City or Iown) (County) (County) (Filmer, Injury in Item 18.) OR TIME OF INJURY Month, Doy, Year 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f. (City or Iown) (County) (County) (Filmer, Injury in Part 1 or Iown, 10.) OR TIME OF INJURY Month, Doy, Year 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f. (City or Iown) (County) (County) (City or Iown) | 10q | during most of working life, even if retired) | | 4.1 11 | country) 12 | CITIZEN OF WHAT COU |
| CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) | 13, | | | | Koch | |
| PART I. DEATH WAS CAUSE OF MANEED AT LOCATION (City) DUE TO Conditions, if only which gove rise to immediate couse (o), storing the under tying couse lost to immediate couse (o), storing the under tying couse lost (e) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, When the couse condition of the terminal disease condition given in Part 1 (o) 19, When the couse condition given in Part 1 (o) 19, When the couse condition given in Part 1 (o) 19, When the couse condition given in Part 1 (o) 19, When the couse condition given in Part 1 (o) 19, When the couse condition given in Part 1 (o) 19, When the couse condition given in Part 1 (o) 19, When the couse condition given in Part 1 (o) 19, While to the terminal given given, and that death accurred at 9, While the couse condition given in Part 1 (county) and the couses and an the date standard given given given given, and that death accurred at 9, M. from the causes and an the date standard given given given given, and that death accurred at 9, M. from the causes and an the date standard given given given given, and that death accurred at 9, M. from the causes and an the date standard given giv | | i. no or unknown) (If yes, give war or dates of service) | L | 1 1 1 1 | - N . | , River N L |
| PE YES 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. PLACE OF INJURY (Home, form foctory, street, office bidg, etc.) 201. I certify that I attended the deceased from foctory, street, office bidg, etc.) 202. PLACE OF INJURY (Home, form foctory, street, office bidg, etc.) 203. Not while of work Of w | 2 | Conditions, if only, which gove rise to immediate couse (o), stating the under-tying couse lost | Cinen Carcin | nia l | Jum. | Contraction Contraction |
| Hour c. m. p. m. 19 While of work foctory, street, office bldg, etc.) 21. I certify that I attended the deceased from. 21. I certify that I attended the deceased from. 21. I certify that I attended the deceased from. 22. I certify that I attended the deceased from. 23. I certify that I attended the deceased from. 24. I certify that I attended the deceased from. 25. I certify that I attended the deceased from. 26. I certify that I attended the deceased from. 27. I certify that I attended the deceased from. 28. ADDRESS [Street, city or town, stole] 29. ACTUAL 20. SURIAL CREMATION, 22b DATE THEFEOF 21. I certify that I attended the deceased from. 22. NAME OF CEMETERY OR CREMATORY 22. LOCATION (City, town, or county) | CERTIFICATIO | 200 ACCIDENT WAS UNDERLYING 200 DESCRIB | | | | PERFORMEI YES NO |
| alive on NGC2 10, 1960, and that death accurred at T. P. M., from the causes and an the date st ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) TO MA Col. 220 BURIAL, CREMATION, 1226 DATE THEFEOF 1220 NAME OF CEMETERY OR CREMATORY 122d, LOCATION (City, town), or county) | MEDICAL | Hour o. m. While | Not while for | ACE OF INJURY (Home, form. 20f. (Citory, street, office bldg , etc.) | ty or lown) | (County) (5 |
| NAME (Type) 270 BURIAL, CREMATION, 226 DATE THEFEOF 220 NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lower) or county) | | alive on 10 1960 | | accurred at 7 P M, fro | om the causes and a (Street, city or town, stole) | n the date stated a |
| | 220 | NAME (Type) / // // /// | | | ATION (City Investor on the | |
| 23 FUNERAL DIRECTOR'S SIGNATURE INC. SILVER SPRING, MD. 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE | В | 11/15/60 1 | ARLINGTON NAT | L. CEMETERY AR | LINGT W., VIR | GINIA |

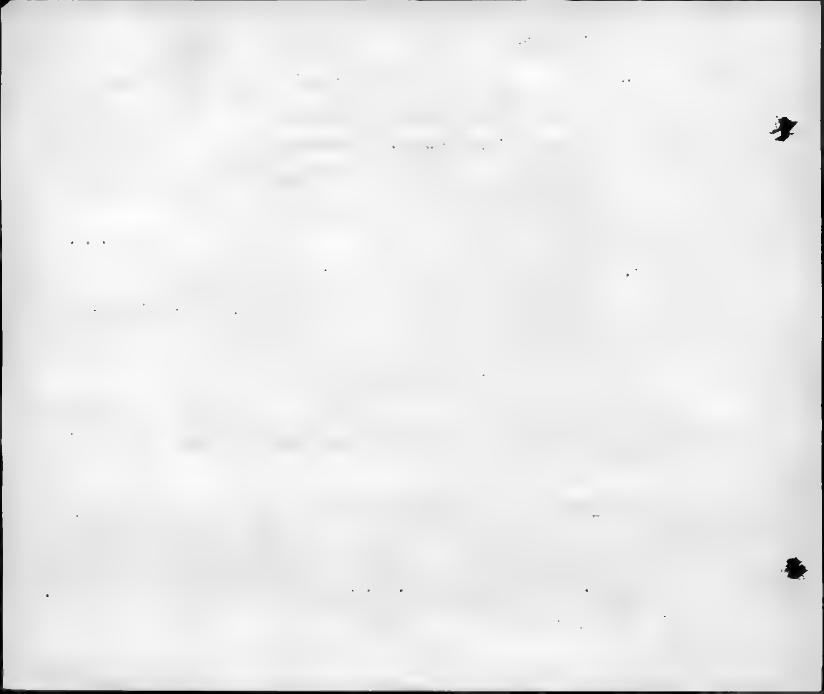


12858

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours (12st death. Page 4

| deo | funer Id b | |
|---|--|------|
| 7.7.7 | may be retained by the haspital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be the State Board of Health prior to burial, cremation, or removal, and in appreximit 72 hours ofter death | , |
| 10 UCS | in by | |
| 24 | es 1 ce | |
| ×ilhir | Pog r dec | |
| uted . | mplet pers s ofte | |
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| uires | may be retained by the haspital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to buriol, cremation, or removal, and in appeasely, within 72 hours ofter death | |
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| END | he he R: A rache | |
| E | ECTO ECTO Se del | |
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| 9 | FUN FUN FUN FUN FUN FUN | |
| 75 TO MOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours q'Yrr death | may be retained by the haspital ar ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeration page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the State Board of Health priar to burial, cremation, or remarkal, and in appreciation, within 72 hours ofter death | |
| VR 15 | A1S (4) M 9/59 | |

| PLACE OF DEATH O. COUNTY Montgomery | | MARYLAND | 2 USUAL RESIDENCE (W STATE Virginia | /here deceased live | b. COUNTY _ | esidence befoundown | ore admission) |
|--|--------------------------------|------------------|---|----------------------|------------------|---------------------|---------------------------------|
| b. C.TY OR TOWN (If outside corporate limits, RURAL and give nearest town) | , write c LENGTI | H OF STAY IN 16 | c. CITY OR TOWN (IF | outside corporate l | | | earest town) |
| Bethesda | 20 | days | Leesburg | | | | |
| d NAME OF HOSPITAL (If not in hospital, giv | re street oddress) | | d. STREET ADDRESS | | () n | | e. IS RESIDENCE ON A FARM? |
| The Clinical Center, | Bethesda | Md. | Route # 1 | | | 3.3 | YES NO K |
| 3 NAME OF First DECEASED Deceased | | Middle | Lost | 4. DATE | Month | | ay Yeor |
| (Type or print) Paul | | fillard | Wolverton | OF DEATH | November | | 19 60 |
| | 7 MARRIED 🗍 NE | VER MARRIED 🌃 | B. DATE OF BIRTH | 9 A | | inths Doys | R IF UNDER 24 HR |
| Male White | WIDOWED 🔲 | DIVORCED 📋 | February 15 | , 1945 | .5 yrs "" | Tills DOYS | TIOUTS MILE |
| 10a USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) | ne 10b. KIND OF B | IUSINESS OR INDL | ISTRY 11. BIRTHPLACE (Stok | e or foreign country | y) 1 | | F WHAT COUNTR |
| Student | No | ne | Virg | inia | | U.S | 3 .A . |
| 13 FATHER'S NAME | | | 14. MOTHER'S MAIDEN | NAME | | | |
| Perry M. Wolverton | | | Mary Dutt | erer | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCE | | CURITY NO. 17. | NFORMANT The Me | dical Red | cord Address | | |
| No | None | · T | ne Clinical C | enter. Be | thesda 1 | Lh Ma: | ryland |
| 1B. CAUSE OF DEATH [Enter only one cour | se per line for (o), (| | | | | LINI | ERVAL BETWEEN |
| PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | Hepatic | coma. | | | | 011 | days |
| DORY DUE TO | | | | | | | - |
| Conditions, if ony, which) (b) | Hepatit | is, unkn | own etiology | | | | months |
| gove rise to immediate | | | | | | | |
| tying couse lost (c) | Pulmona | ry Asper | gillosis | | | | weeks |
| PART II OTHER SIGNIFICANT COND | IT ONS <u>CONTRIBUT</u> | ING TO DEATH BU | T NOT RELATED TO THE TERM | WINAL DISEASE CO | NDITION GIVEN I | N PART 1(o) | 19 WAS AUTOPS PERFORMED? YES NO |
| 200 ACCIDENT WAS UNDERLYING 200 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 20b. DESCRIBE HOW | / INJURY OCCURR | ED. (Enter noture of injury in | | f item 1B) | | |
| 20c TIME OF INJURY Month, Day, Year Hour o m. p. m. 19 | 20d INJURY OCC While Not wo | ⊮híle fe | LACE OF INJURY (Home, for octory, street, office bldg., et | m, 20f. (City or to | owa) | (County |) (Stat |
| 21 I certify that (ff) (this haspital) | attended the a | Beceased fram. | October 16 | o 60 to Nov | rember 5 | 19 60 + | hat (11) (we) la |
| saw the deceased alive an Nove | mber 5 196 | O , and that | death accurred at 8: | 46AMam the | causes and a | n the date | e stated above |
| 270 SIGNATURE | | | | | | | 22b DATE |
| Whowson buten | E.m S | | | | TAFF HYS 🔼 | 11/! | 5/60 SIGNE |
| 22c PHYSICIAN S NAME (Type, W. Anderso | P1 1 1 | . 7 | 22d ADDRESS Th | e Clinica | al Center | Na | ational |
| NAME (Type, W. Anderso | n Spickar | ra, ur., | M.D.Institute | s of Heal | Lth, Beth | iesda . | 14, Md. |
| 230 BJK OL CREMATION 236 DATE THEREOF | 60 | AE OF CEMETERY | OR CREMATORY | 23d LOCATION | (City town or co | Janty) | (Sydio) |
| 24 FUNERAL DIRECTOR'S SIGNATURE | A)001 | RESS | | C'D BY REGISTRAR | 2Sb REG STRAY | | |
| 1 JUSE YXEEd | 4 | Hanle | 1 Les DATE | 09' 6 VON | auh | m & the | att a |
| | 1-5 | 7 | 7 | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12859

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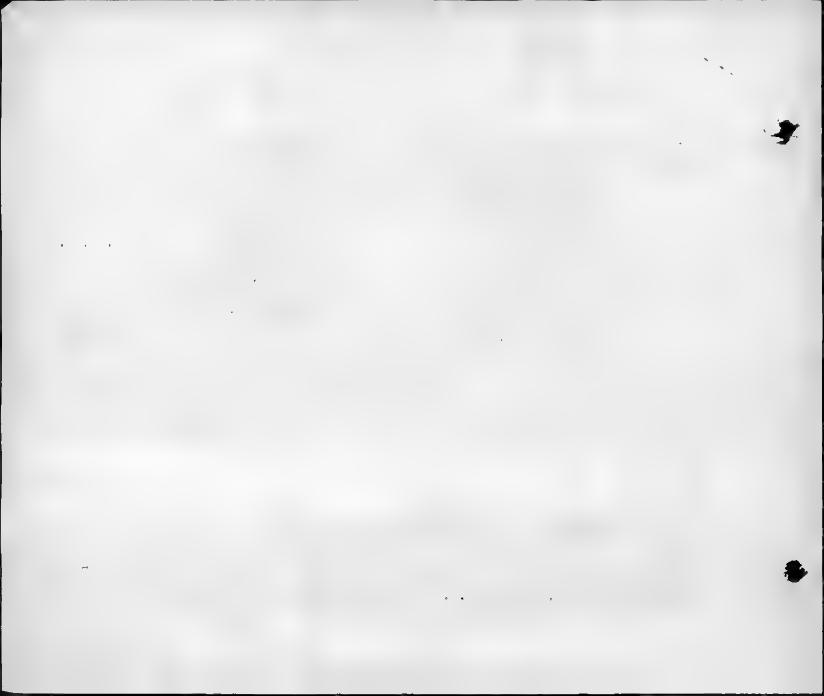
CERTIFICATE OF DEATH

| | \vdash | | 2 7 7 7 7 7 7 | / | | | | | | Keg. Disi | . 140. | | |
|-----|---------------|---|--|------------------|----------------------------|---------------|--|--|--|-------------|----------|-------------------|---------------|
| • | 1. F | PLACE OF DEATH COUNTY MON | tgomery | | MARY | LAND | 2 USUAL RESIDENCE (WHO O'STATE North | ere deceased live | d If institution b. COUNTY | n Residence | before | admission | n) |
| | | RURAL ond give n Bethesda | f outside corporate limi earest town) | ls, write | 55 days | IN 16 | c. CITY OR TOWN (IF a | ulside corporale (| limits, write RU | JRAL and gr | ve near | est town) | |
| 46. | | d. NAME OF HOSPI | TAL (If not in hospitol, g | ive street | | | d STREET ADDRESS | or Cinal | | | | IS RES D | ARM? |
| | = | | Car Cencer | | | | 1000 narvi | ey orrer | .е | | | YES 📋 | HO DO |
| | - 0 | NAME OF DECEASED (Type or print) | Jesse | st . | Pugh Middle | Woot | en, Junior | 4 DATE OF DEATH N | Moni lovembe | | 24 24 | Yes 19 | 60 |
| | 5 5 | Male | 6. COLOR OR RACE White | 7. MARI WIDOW | RIED NEVER MARRIE | | August 3, 19 | | GE (In years substituted by) O yrs. | Months D | | Hours | 24 HRS Min |
| | | during most or wor | ON (Give kind of work of king life, even if refired) tudent) | ionei 10b. | KIND OF BUSINESS O None | R INDUS | RY 11 BIRTHPLACE (Stote North Ca | | y) | | | WHAT C | OUNTRY? |
| | 13. | FATHER'S NAME | - | | | | 14. MOTHER'S MAIDEN N | IAME | | | · · | | |
| | | | h Wooten, S | | | | Harriett | | | | | | |
| | 11.00 | NO as unknown) | R IN U. S. ARMED FOR Of year, give wor or dotes of in | CES? 16 | None | Th | FORMANT The Med le Clinical C | | | | Mar | ylan | đ |
| | | 18. CAUSE OF DEATH [Enter only one couse per line fur (o). (b). ond (c)] PART I. DEATH WAS CAUSED BY: Gram Negative Septicemia Conditions, if ony, which gove rise to immediate cause (o). stoting the under- | | | | | | | | | | | EATH K |
| | CERTIFICATION | | | | CONTRIBUTING TO DEA | TH BUT P | NOT RELATED TO THE TERMI | NAL DISEASE COI | NOITION GIVE | N IN PART | | WAS AU PERFORA | VED5 |
| | 1 - K | 20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER) | 206 DES | CRIBE HOW INJURY OF | CCURRED. | . (Enler nature of injury in F | art I ar Port II af | ilem 18 } | | | | |
| | MEDI | 20c. TIME OF INJUS Hour e.m. p.m. | 19 | While of wor | k of while | fact | CE OF INJURY [Home, form ory, street, office bldg., etc. |) | | · | unty) | | (State) |
| | | ACTUAL SIGNATURE | ember 24 LWard DWARD E. MO | 19 | 60, and that | mber deoth | 30 19 60 Nov occurred of 10:05 The Clini National Bethesda | ADDRESS (Street, cal Cent Institut | e causes a city or town, s cer tes of | nd on the | date: | stated | abave, |
| | | REMOVAL (Specify) | 11-29. | 60 | BURIAL- | TERY OR | CREMATORY / S | 120 LOCATION | Cty, lawn, o | v CA | RO | (Stole) | A |
| | 23 F | FUNERAL DIRECTOR | S SIGNATURE | here | ADDRESS, | lesce | DATE DATE | OV 2 8 '60 | 246 REGIS | TRAR'S SIGH | | ı.A | |

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of ar death. Page 4 may be retain the hospital or attending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by its funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19000

CEPTIEICATE OF DEATH

12860

| | TEOOD | CERTIFIC | AIL OI | DLAII | | | Reg. Di | ist. No. | , - () |
|--|---|-------------------------------|------------------------|---------------------------|----------------|--|------------|---------------|---------------------------------------|
| 1. PLACE OF DEATH o. COUNTY Mont | tgomery | MARYLAND | 2. USUAL R a. STATE | RESIDENCE (WI | | d tived. If instituti b. COUNTY | | nce before or | |
| | f outside corporate limits, wri | c, LENGTH OF STAY IN 16 | c. CITY | | | rate limits, write R | | | |
| | nesda | 9 days | 1 | Bethe | sda | | | | |
| OR INSTITUTION | AL (If not in hospital, give structure) | reet address) | d. STREE | ET ADDRESS | Mannin | g Drive | | C | S RESIDENCE ON A FARM? ES NO 15 |
| | First | Middle | - | Lost | 4. DATE | | -1 | | |
| 3. NAME OF DECEASED (Type or print) | Irene | В | Your | | OF DEATH | 11 | llt | 10 Day | 19 60 |
| 5. SEX | 6. COLOR OR RACE 7. A | AARRIED X NEVER MARRIED | B. DATE OF E | BIRTH | | 9. AGE (In years | IF UNDER | 1 YEAR IF L | UNDER 24 HR |
| Female | White WID | OWED DIVORCED | 1/7, | /1885 | | last birthday) 75 yrs. | Manths | Days Ho | ours Min. |
| during most of work Housewife | ing life, even if refired) | 106. KIND OF BUSINESS OR INDU | | THPLACE (State ashingt | | | | J.S.A. | HAT COUNTRY |
| 3. FATHER'S NAME | | | | ER'S MAIDEN I | | | | | |
| John (| Ockershouser | | | lary | | r | | | |
| | R IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | INFORMANT | | , , | Add | ress | | |
| (141, 110, OF UNKNOWN) | (If yes, give war or dates of service) | max I | homas I | B. Youn | g. Hus | sband a | ame a | s abor | ve |
| THE CAUSE OF DEA | TH [Enter only one cause po | | | | 0, | | | | |
| | TH WAS CAUSED BY: | | . 12 | 200 | 00. | | | | AL BETWEEN AND DEATH |
| 1000 | IMMEDIATE CAUSE (a) | caracovasi | cucar | Cet | Capal | and the same of th | | | |
| 1/0 | DUE TO | | | | 1 | | | | |
| Conditions, if as | ny, which) (b) | Carrinano | JAN. | 13 . | 1 | | | 30 | nouth |
| gave rise to in | n mediate (| Cu - Cincipa | the party | | | | | 1 | |
| lying cause lost. | the under- | mo In la Star 1 | alour. | ANUD. | - | a al hi | ت د درو با | A 2. | 1/ 11-10 |
| | , (c) | mes ourune a | nence | curce | news | a collection | euen | 10/ | 2 473 |
| PANT II. OIM | ER SIGNIFICANT CONDITION | NS CONTRIBUTING TO DEATH BU | T NOT RELATED |) TO THETERM | INAL DISEASI | E CONDITION GIV | EN IN PAR | PI | VAS AUTOPS' ERPORMED? S NO R |
| PANT II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | S UNDERLYING 1 20b. I | DESCRIBE HOW INJURY OCCURRI | ED. (Enter notu | re of injury in | Part I or Part | t II of item 18.) | | | |
| 3 20c. TIME OF INJUR | Y Month, Day, Year 20 | d. INJURY OCCURRED 20s. PI | LACE OF INJUI | RY (Home, form | n, 20f. (City | or town) | - | Country | 104-4 |
| 20c. TIME OF INJURY Hour a. m. | lw/ | hile Not while fo | | office bldg., etc | | or rowing | Ų | County) | (State |
| ₹ p. m. | 19 01 | work at work | | | į | | | | |
| 21. I certify the | at I attended the deci | eased from Feb. | 195 | 56 to 12 | er 11 | 7 , 1966 | Rat I k | act com th | n decease |
| ~~ | V10 1 | | | 10/91 | 1. | | 1 10 | 151 3C/W 111 | ie decense |
| DIIVE OIL | | 9 60 , and that deatl | n occurred | | | | | e dote sto | |
| ACTUAL Me | 11/1/0/ 51 | 1 | | 100 | ADDRESS (SI | reet, city or town, | stote) | | DATE SIGNE |
| SIGNATURE | wed I . Ch | Manirall | M.D | 1890 | Dalt | ery | me | nov | -10,6 |
| PHYSICIAN'S NAME (Type) | Vilfred X | Ehrman | trau | +117. | 2 7 | 3 Allas | da 1 | no | |
| 22a. BURIAL, CREMATION | N 225. DATE THEREOF | 22c. NAME OF CEMETERY C | OR CREMATOR | V | 224 LOCAT | ION (City, town, | or country | | /Chaha) |
| REMOVAL (Specify) | 11/12/60 | | 1 C eme | | Prin | | | Count | (Stote) |
| 23. FUNERAL DIRECTORY | S SIGNATURE | ADDRESS, 1/1-12 | 0011 | | D BY REGIST | | STRAR'S SI | | N 3 |
| Tho. S. 7. | Hence Co. | 2901 1954 | 11.W. | DATE N | | | | Konsk | |

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours for death. Page 4 may be retained by the hospital or oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

THE REAL PROPERTY AND THE PARTY OF FEW ears unded a area. The second of th The state of the s the same of the could be seen that .

death. The law requires that the death certificate be executed within 24 ha

12861 Reg. Dist. No.

| Montgomery Coun | ty MARYLAND | Maryland | b. COUNTY Prince | George |
|--|----------------------------------|---|--------------------------------|--|
| b. CITY OR TOWN (If autside carporate limits, w RURAL and give nearest tawn) | rile c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If autside carpo | rate limits, write RURAL and g | ive nearest town) |
| Silver Spring | | Greenbelt | 1667- | 7 |
| d. NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION | treet ad 14511 Coles | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? |
| Marilea Sanitar | um ville Road | . 6B Research R | pad | YES NO |
| NAME OF DECEASED (Type or print) First MARGUER | Middle ITE SLUYTER | ZABRISKIE 4. DATE OF DEATH | Month | Day Year |
| | | B. DATE OF BIRTH | 9. AGE (In years IF UNDER | YEAR IF UNDER 24 HRS. |
| Female White Wit | DOWED DIVORCED | Oct. 1, 1886 | 74 yrs. | Days Hours Min. |
| USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 106. KIND OF BUSINESS OR INDUS | TRY 11. BIRTHPLAČE (State or foreign or | ountry) [12.CITI2 | ZEN OF WHAT COUNTRY? |
| Housewife | At Home | Grand Rapids | Michigan | U.S.A. |
| , FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | _ | |
| John G. B. Sluyte | | Meintie Eleve | e1d | |
| , WAS DECEASED EVER IN U. S. ARMED FORCES? (85, 190, or unknown) (16 yes, give wor or deten of service) | | IFORMANT | Address 6B | Research |
| No None | Yes M | vron L. Zabrisk | le, Rd. Gree | enbelt.Md. |
| 18. CAUSE OF DEATH [Enter anty one cause p | per line for (a), (b), and (c).] | | | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | -Boren | on once Oc | auxin- | 3 R. P. |
| DUE TO | 0- | 2 1 | | |
| Conditions, if any, which) | 1 | in a set | 1. 2 de 0. | 125 |
| gave rise to immediate DUE TO | | | | The same of the sa |
| lying couse last. | | | | |
| PART II. OTHER SIGNIFICANT CONDITIC | ONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEAS | E CONDITION GIVEN IN PART | 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO |
| 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCURRED |). (Enter nature of injury in Part I or Par | t II of item 18.) | |
| | | | | |
| Hour a.m. V | | CE OF INJURY (Hame, farm, 20f. (City tary, street, affice bldg., etc.) | arlawn) (C | county) (State) |
| 21. I certify that I attended the dec | -7 ^ | 2, 1960 to 2005 | 196 deat las | st saw the deceased |
| alive an 200 5 | 1940 and that death | accurred of 2 34M, fram | _ | |
| 720 | | | treet, city or lawn, state) | DATE SIGNED |
| ACTUAL SIGNATURE | lagur, | N.O. Library | P. 1. 3. | Kon660 |
| PHYSICIANUS JOHN S. ROO | GERS | 1919 Sweeney | Rd. Silver S | oring. Md. |
| a. BURIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY OF | | IION (City, town, ar county) | (State) |
| REMOVAL (Specify) | | | NT - | _ '' |
| FUNERAL DIRECTOR'S SIGNATURE | 60 South Chure | h Cemetery Berg | RAR 246 REGISTRAR'S SIG | W Jersey |
| W. W. CHAMBERS CO., | | | | |
| | Riverdale, Ma | ryland DATE NOV 9 | 60 anthur 2 | P. Kraus |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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